

Complete this form if you have a permanent residence

If you are a person responsible for the applicant, please complete page 2 of this form and include it in the application package

Applicant information

First name Last name

Date of birth Gender Male Female Preferred language English French
MM/DD/YYYY

Optional information

Veterans Blue Cross # CARP member #

Contact information

Physical address - Primary Physical Residence must be in Canada.

If providing a box # you must also include your physical residence.

If you live in a business, hotel, shelter, hostel or similar establishment, please complete Application Form B.

Address line 1 Address line 2

City Province Postal code

Phone # Ext. Cell #

E-mail address Fax #

An email address is required for you to order online

Mailing address - If different than above.

Address line 1 Address line 2

City Province Postal code

Shipping address - Please ship my CanniMed medical cannabis to:

Physical Address Mailing Address

Declaration of the Applicant or the Person Responsible For the Applicant

Important, please read and sign below:

- The applicant acknowledges that medical cannabis is not approved for the use as a drug in Canada, that its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear. The applicant acknowledges and agrees that he or she is using any medical cannabis product obtained from CanniMed Ltd. at his or her own risk, and releases CanniMed Ltd. (and its production partners, including Prairie Plant Systems Inc.) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis obtained from CanniMed Ltd.
- The applicant is ordinarily a resident in Canada.
- The information in the application and Medical Document or Registration Certificate is correct and complete.
- The Medical Document or Registration Certificate is not being used to seek or obtain fresh or dried cannabis, or cannabis oil from another source.
- The original Medical Document or copy of Registration Certificate (to provide interim supply) is provided in support of this application or has/will be sent separately.
- The applicant will use fresh or dried cannabis, or cannabis oil, only for their own medical purposes.
- The applicant gives consent to CanniMed Ltd. to forward the necessary personal information to our production licensed producer, the applicant's health care practitioner and service providers for purchasing, shipping, verification and distribution purposes only. Note: this consent is required to receive our products.
- The applicant gives consent to his or her health care practitioner to forward the necessary personal information to CanniMed Ltd. in order to register the applicant and fulfill his or her orders.

SIGNATURE _____ **Date**
Applicant/Person responsible for Applicant MM/DD/YYYY

Complete this page and include it in the application package only if you are a person responsible for the applicant
Space is provided for up to three persons responsible for the applicant

First person responsible for the Applicant

Caregiver name
Given name(s) Surname

Date of birth Gender Male Female
MM/DD/YYYY

E-mail address Phone # Ext.

Declaration of person responsible for the applicant:
I, am responsible for
Person responsible for Applicant Applicant

Person responsible for Applicant signature _____ Date
MM/DD/YYYY

Second person responsible for the Applicant

Caregiver name
Given name(s) Surname

Date of birth Gender Male Female
MM/DD/YYYY

E-mail address Phone # Ext.

Declaration of person responsible for the applicant:
I, am responsible for
Person responsible for Applicant Applicant

Person responsible for Applicant signature _____ Date
MM/DD/YYYY

Third person responsible for the Applicant

Caregiver name
Given name(s) Surname

Date of birth Gender Male Female
MM/DD/YYYY

E-mail address Phone # Ext.

Declaration of person responsible for the applicant:
I, am responsible for
Person responsible for Applicant Applicant

Person responsible for Applicant signature _____ Date
MM/DD/YYYY