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Application Form B

Applicant without a permanent residence

#1 Plant Technology Road
 Box 19A, RR#5
 Saskatoon, SK S7K 3J8

Complete this form if you live in a business, hotel, shelter, hostel or similar establishment, other than a private residence, in Canada. 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 MM/DD/YYYY Gender Male Female Preferred language English French

Phone # Ext. Fax # E-mail

Optional information

VAC Health ID # CARP member #

Establishment information

Name Type of establishment

Address Line 1 Address line 2

City Province Postal code

Phone # Ext. Email Fax #

An email address is required to order online

Mailing address - Address where you receive your usual mail correspondence. If different than above.

Address line 1 Address line 2

City Province Postal code

Shipping address - Alternate address where you will receive CanniMed packages. If different than above.

Address line 1 Address line 2

City Province Postal code

Declaration of the manager of the establishment:

I, attest that I am a manager of the establishment listed above, which provides food, lodging or other social services to the Applicant.

Manager's signature Date MM/DD/YYYY

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 accompanies 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.

Applicant/Person responsible for Applicant signature Date 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