

Client Registration

To be completed by the Applicant

Form A: For applicants with a residence
Version 2.3 September 2017

IMPORTANT NOTE: In order to finalize your registration as a client of Peace Naturals, we will require a Medical Document or a copy of your ACMPR Registration Certificate from Health Canada. Should you need direction as to how to obtain this information, please contact our Client Care team.

New Client **Client Renewal** **Change of Address** Peace Naturals Client ID# _____

APPLICANT INFORMATION - This section is mandatory		
Given Name	Middle Names(s)	Surname
Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran <input type="checkbox"/> Yes VAC# _____
Address		P.O. Box
City	Province	Postal Code
Best Telephone No.	Alternate No.	Preferred Time for Contact
Email Address		<input type="checkbox"/> Please sign me up for online shopping.

CAREGIVER INFORMATION - To authorize someone to be able to discuss your account with Peace Naturals on your behalf, please fill out this section.		
Given Name	Middle Names(s)	Surname
Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone No.

PERSONAL PRODUCTION - Please complete this section ONLY if you have received your ACMPR Registration Certificate from Health Canada		
Registration Number MCR-XXXX	Daily Quantity (g)	Maximum Number of Plants
Production Site Address		
City	Province	Postal Code

ACKNOWLEDGMENT - This section is mandatory

The Applicant and/or the Person Responsible for the Applicant Must Read and Acknowledge the Following:

- The applicant is ordinarily a resident of Canada.
- The information in the application and medical document or ACMPR Registration Certificate is correct and complete.
- The medical document or Registration Certificate is not being used to seek or obtain cannabis from another source.
- A valid medical document or copy of your ACMPR Registration Certificate from Health Canada accompanies this application.
- The applicant will use cannabis products only for their own medical purposes.

Applicant / Individual Responsible Signature	Date
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