Client Registration

Form C: Medicine delivery to your Health Care Practitioner

Version 1.8 September 2017
(Only if your Health Care Practitioner is consenting to receive your medicine)

IMPORTANT NOTE: When returning this application please include the original medical document signed & dated by your health care practitioner. The original copy of the medical document is required to complete your registration.

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

APPLICANT INFORMATION

Title	Given Name	Surname
Date of Birth MM / DD / YYYY	Gender ☐ Male ☐ Female	Veteran ☐ Yes VAC# _____
Address		
City	Province	Postal Code
Best Telephone Number	Preferred Time for Contact	Email Address

INDIVIDUAL(S) RESPONSIBLE FOR THE APPLICANT - (If you have caregiver(s), please complete this section)

Title	Given Name	Surname
Date of Birth MM / DD / YYYY	Gender ☐ Male ☐ Female	
Telephone Number	Email Address	

WHERE MEDICINE IS TO BE SHIPPED

Title / Profession	Given Name	Surname
Clinic / Business Name		
Address		Telephone No.
City	Province	Postal Code

I, _____ consent to receive dried cannabis on behalf of _____ .
Health Care Practitioner's Name — Applicant's Name

Health Care Procatitioner Signature	Date

NOTICE TO HEALTH CARE PRACTITIONER

Withdrawal of consent by the Health Care Practitioner: If the Health Care Practitioner ceases to consent to receive dried cannabis for the applicant, the practitioner must send a written notice to that effect to the client and to The Peace Naturals Project.

ACKNOWLEDGMENT

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

PEACENATURALS MEDICINAL CANNABIS

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