

Client Registration – Form A

Application to Register for Starting Material

Address: P.O. Box 20033 Town Centre, Kelowna, BC V1Y 9H2 Phone: 1.844.842.6337 Fax: 1.888.422.4718 Email: registrations@thcbiomed.com

PLEASE NOTE: All fields with an asterisk (*) are required in order to complete registration. Information in this application must match the *Registration Certificate*. Incomplete forms will not be able to be processed and cause a delay in registration. Completed *Client Registration* application forms may be submitted through **online registration, email, fax, or mail**. A **COPY** of the *Registration Certificate* **MUST** accompany this application.

Client Type: <input type="checkbox"/> New Client <input type="checkbox"/> Client Renewal	THC BioMed Client Number: (For Client Renewal)
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Product Type: Please check one (1) box to indicate what product(s) is / are being applied for.

Propagated Marihuana Product (Plants) Only

Applicant Information*:

Title	First Name*	Middle Initial*	Last Name*
Date of Birth*		Gender*	
<i>(In the format: Month / Day / Year)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does <i>NOT</i> identify/associate with either gender	

Residence Address*		
City*	Province*	Postal Code*
Phone Number*	Cell Number	Fax Number
Email Address		Preferred Contact Method

**If the residence address above is not for a private residence, please indicate the following*

Name of Establishment	Type of Establishment

**Please be advised that you will be required to include an attestation of residence, signed and dated by a manager of the Shelter, Hostel or Similar Institution, specified above. They must attest to providing you with food, lodging or other social services.*

Applicant Mailing / Shipping Address*:		
<input type="checkbox"/> Please check if same as residence address above		
City	Province	Postal Code

For Internal Use Only:	<input type="checkbox"/> All above information has been verified and entered into the online database.
Signature: _____	Date: _____

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Primary Caregiver Information (if applicable):

To be completed by the caregiver of the applicant. The caregiver may act on behalf of the registered client to order, make inquiries, or changes as necessary.

Title	First Name*	Middle Initial*	Last Name*
Date of Birth*		Gender*	
<i>(In the format: Month / Day / Year)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does <i>NOT</i> identify/associate with either gender	
Phone Number*		Email Address	

Secondary Caregiver Information (if applicable):

To be completed by the caregiver of the applicant. The caregiver may act on behalf of the registered client to order, make inquiries, or changes as necessary.

Title	First Name*	Middle Initial*	Last Name*
Date of Birth*		Gender*	
<i>(In the format: Month / Day / Year)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does <i>NOT</i> identify/associate with either gender	
Phone Number*		Email Address	

Personal Production Information*:

Please fill this section using the information on your ACMPR Registration Certificate issued from Health Canada.

Registration Certificate No.*	Daily Quantity (g/day)*	Registration Certificate Expiry Date *

Shipping Address for Starting Material*:

Please indicate what the shipping address will be used for by choosing one (1) of the following:

<input type="checkbox"/> Production of Marihuana Plants	<input type="checkbox"/> Storage of Marihuana Seeds	
Address		
City*	Province*	Postal Code*
Production Site		Maximum Number of Plants
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		

Acknowledgement:

For Internal Use Only:	<input type="checkbox"/> All above information has been verified and entered into the online database.
Signature: _____	Date: _____

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****Important* Registration is Subject to the Applicant and/or the Caregiver Having Acknowledged They Have Read, Understood and Agree to the Following Terms Below:***

1. The applicant ordinarily resides in Canada;
2. Information contained in this *Client Registration* application is correct and complete;
3. A copy of the *Registration Certificate* that accompanies this application and is correct and complete;
4. A copy of the *Registration Certificate* will *not* be transferred for *any* reason to any person or any other Licensed Producer, once registration is complete;
5. If the completed *Client Registration* application is for the purpose of obtaining an *Interim Supply*, then Applicant and / or Caregiver agrees the copy of the *Registration Certificate* submitted with this application will not be used to seek or obtain fresh, dried marijuana or cannabis oil (medical *Cannabis* products) from another source;
6. The Applicant will only use medical *Cannabis* products or starting material (marijuana seeds or plants), purchased from THC BioMed Ltd. for their own medical purposes;
7. The Applicant and / or Caregiver (if applicable), acknowledge(s) that indications, safety, and risks of medical *Cannabis* products have not been adequately studied, the appropriate dosage is unclear, and that *Cannabis* has not been authorized through the standard Health Canada drug approval process;
8. The Applicant and /or Caregiver (if applicable), acknowledge(s) and agrees that their use of any medical *Cannabis* product purchased from THC BioMed Ltd. is done so at their own risk and releases THC BioMed Ltd. 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* products;
9. The Applicant and / or Caregiver (if applicable), agrees that the genetics associated with the starting material (marijuana seeds or plants) and all resulting products from the original genetics, remain the sole property of THC BioMed Ltd. and will not be transferred, sold, gifted, or used for any common purpose, other than for their own personal use, without the expressed permission of THC BioMed Ltd.
10. The Applicant and / or Caregiver (if applicable), consent(s) that the Health Care Practitioner, named in the *Registration Certificate*, may disclose to THC BioMed Ltd. any required personal health information for the purposes of processing this *Client Registration* application complying with the requirements of the *Access to Cannabis for Medical Purposes Regulations (ACMPR)*. The applicant understands and agrees that a copy of this consent and the *Client Registration* application may be provided to the Health Care Practitioner named in this Application and the accompanying *Registration Certificate*;
11. The Applicant and / or Caregiver (if applicable), grant consent to THC BioMed Ltd. to disclose the necessary personal information to THC BioMed Ltd.'s service providers; in accordance with THC BioMed Ltd.'s privacy policy, in order to obtain our products and services; and
12. Signing of this *Client Registration* application by the Applicant and / or Caregiver permits THC BioMed Ltd to (a) send registration information and product to the physical and / or email address(es) provided therein, and (b) communicate with them via physical and / or email address(es) regarding registration status, product availability, or status, or other matters in accordance with THC BioMed Ltd.'s privacy policy.

Applicant:

Signature: _____ **Date:** _____

(In the format: Month / Day / Year)

Caregiver (if applicable):

If you are the caregiver of the applicant, and have signed and dated this application, please fill out the section below.

I, _____ am responsible for _____
Caregiver *Client's Name*

(In the format: First Name/Last Name)

Signature: _____ **Date:** _____

(In the format: Month / Day / Year)

For Internal Use Only:

All above information has been verified and entered into the online database.

Signature: _____ **Date:** _____

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Document Checklist:

The following documents must be attached to this application form:

- Copy of your **Registration Certificate** issued by the Minister under *Part 2* of the *ACMPR*.
- (If Currently Homeless)** An **Attestation of Residence** signed and dated by a manager of the Shelter, Hostel or Similar Institution. They must attest to providing you with food, lodging or other social services.

For Internal Use Only:

All above information has been verified and entered into the online database.

Signature: _____

Date: _____

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