

Client Registration PAGE 1 | Form A: Application to Register for Medical Supply

IMPORTANT NOTE:

The original copy of the Medical Document is required to complete your registration.

Applicant Information

Applicant's Name: First Name Last Name

Date of Birth: Month Day Year

Gender: Female Male Other

Language Preference: English French

THC BioMed Client Number: (For Client Renewal)

Veteran: Yes VAC#

Email Address Please sign me up to receive information about THC BioMed
Email address is required.

Best Telephone No. Fax No.

Primary Residence: Ship Dried To Residence

Street Address

Address Line 2

City Province Postal Code

Mailing Address (if different from Primary Residence) *Where you receive correspondence from THC BioMed* Same as above

Ship Dried To Mailing Ship Dried To Practitioner Signature on page 3

Street Address

Address Line 2

City Province Postal Code

If the Primary Residence address above is not a private residence, please complete the following

Establishment Name: **Establishment Type:**

Manager Name: Given Name Surname Email Address

Best Telephone No. Fax No.

(If Currently Homeless) The following Attestation of Residence must be signed and dated by the Establishment Manager.

I, attest that provides food, lodging, or other social services to:

Manager's Name Establishment Name

Manager's Signature _____ **Date:**

Applicant Name

For Internal Use Only: All above information has been verified and entered into the online database.

Signature: _____ Date: _____



Online registration is now available at www.thcmads.ca

This application can also be mailed or faxed

P.O. Box 20033 Town Centre

Kelowna, BC V1Y 9H2

Fax: 1.888.422.4718

THC BioMed Client Number:
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Client Registration PAGE 2 | Form A: Application to Register for Medical Supply

If you are the Caregiver of the Applicant, please fill out the section below

Caregiver 1:
Given Name Surname

Date of Birth: Month Day Year

Gender: Female Male Prefer not to say

Email Address **Please sign me up to receive information about THC BioMed**
 Email address is required.

I, am responsible for
Individual Responsible / Caregiver Applicant's Name

Individual Responsible for Applicant Signature _____ **Date:**

Caregiver signature is only required if the Applicant is unable to sign.

Caregiver 2:
Given Name Surname

Date of Birth: Month Day Year

Gender: Female Male Prefer not to say

Email Address **Please sign me up to receive information about THC BioMed**
 Email address is required.

I, am responsible for
Individual Responsible / Caregiver Applicant's Name

Individual Responsible for Applicant Signature _____ **Date:**

For Internal Use Only: All above information has been verified and entered into the online database.
 Signature: _____ Date: _____



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Client Registration PAGE 3 | Form A: Application to Register for Medical Supply

Health Care Practitioner Information; only required if no Medical Document attached.

Name:
Profession Given Name Surname

Clinic Name:

Office Address

Address Line 2

City Province Postal Code

Best Telephone No. Fax No.

Email Address

If the Practitioner will be receiving cannabis on behalf of the Patient then this section must be signed

I, Consent to receive dried Marihuana on behalf of
Health Care Practitioner's Name

Applicant;s Name

Health Care Practitioner's Signature _____ Date:

If the Health Care Practitioner ceases to consent to receive dried Marihuana for the applicant, the practitioner must send a written notice to that effect to the client and to THC BioMed

Additional Information (Optional)

Please feel free to provide us with information regarding your medical condition(s), ailment(s) and symptom(s).

Please feel free to provide us with information regarding your Medicinal Marihuana preferences (if applicable).

Ex. strain preferences and/or potency preferences.

Is there anything else you would like us to know?

Are you interested in participating in clinical trials? Yes No

For Internal Use Only: All above information has been verified and entered into the online database.

Signature: _____ Date: _____



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Client Registration PAGE 4 | Form A: Application to Register for Medical Supply

The Applicant and/or Caregiver responsible for the Applicant must read and acknowledge the following.

1. The applicant ordinarily resides in Canada;
2. The Information contained in this Client Registration application is correct and complete;
3. The copy of your Registration Certificate or the original medical document accompanying this application is correct and complete;
4. A medical document will not be returned for any reason to the applicant, once registration is complete;
5. If applicable, the medical document provided in support of this application is not being used to seek or obtain fresh or dried marihuana or cannabis oil from another source.
6. If this application is being made for the purpose of obtaining an Interim Supply (fresh or dried marihuana or cannabis oil) then the registration certificate provided in support of this application is not being used to seek or obtain those substances from another source.
7. The Applicant will only use medical Cannabis products and starting materials purchased from THC BioMed Ltd. for their own medical purposes;
8. The Applicant and 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;
9. The Applicant and Caregiver (if applicable), acknowledge(s) and agree 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;
10. The Applicant and Caregiver (if applicable), consent(s) that the Health Care Practitioner, named in the medical document, 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 Medical Document;
11. The Applicant and / or Caregiver (if applicable), agrees that the genetics associated with the starting material (Marihuana 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.
12. The Applicant and / or Caregiver 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
13. 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 / Individual Responsible Signature _____

Date:

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