

Medical Cannabis by Shoppers Drug Mart Inc. 6941 Kennedy Road, Unit 100 Mississauga, ON L5T 2R6

www.shoppersdrugmart.ca/cannabis

Fax: 1-866-220-2627 Tel: 1-844-633-2627

Application to Amend Registration

Patient details	S:					
					☐ Male ☐ Female	
First name		Last name		Date of birth (mm/dd/yyyy)	· L Temate	
The patient's	residence address should be	e updated to:				
Address			City		Province	
Postal code	Primary phone	Secondary phone	Email			
Mailing addre	eSS (if different from residence addr	ress):				
Address						
City	Province	Postal code				
If you provide	ed two different addresses al	bove, which will be your shippi	ng address for me	edical cannabis p	roducts?	
Select one:						
☐ Residence☐ Mailing ad						
•	t: please read and sig					
1. I confirm th	hat the above-named patien	nt is ordinarily resident in Cana	da;			
2. I confirm th	hat the information containe	ed in this application is correct	and complete;			
	ication is being signed by an e for the above-named patie	n individual that is not the abovent;	/e-named patient	, I confirm that I a	m	
		n individual that is not the abovensible adults have been notified	·		esponsible	
I attest to th	ne information in this applicat	tion being correct and complete				
Signature			Date (mm/g			

Please drop off this completed document at your local Shoppers Drug Mart OR fax this completed document to 1-866-220-2627 OR mail this document to Medical Cannabis by Shoppers Drug Mart Inc., 6941 Kennedy Road, Unit 100, Mississauga, ON L5T 2R6