

Application to Amend Registration

Patient details:

First name

Last name

Date of birth
(mm/dd/yyyy)

Male
 Female

The patient's residence address should be updated to:

Address

City

Province

Postal code

Primary phone

Secondary phone

Email

Mailing address (if different from residence address):

Address

City

Province

Postal code

If you provided two different addresses above, which will be your shipping address for medical cannabis products?

Select one:

- Residence address
 Mailing address

Important: please read and sign below

1. I confirm that the above-named patient is ordinarily resident in Canada;
2. I confirm that the information contained in this application is correct and complete;
3. If this application is being signed by an individual that is not the above-named patient, I confirm that I am responsible for the above-named patient;
4. If this application is being signed by an individual that is not the above-named patient or their named responsible adult, I confirm that any named responsible adults have been notified of this application.

I attest to the information in this application being correct and complete.

Signature

Date (mm/dd/yyyy)