

Mail or courier this form to: CanniMed Ltd., #1 Plant Technology Road, Box 19A, RR#5, Saskatoon, SK S7K 3J8

Form A: If You Have A Residence

Note: Please include the original medical document signed & dated by your health care practitioner

Applicant Information (Please complete this section)

Applicant's Name
Given Name Surname

Date of Birth Month Day Year

Gender Male Female

Residence

Address Line 1

Address Line 2

City Province Postal Code

Telephone # Fax #

E-mail Address* **Please sign me up for online shopping.**
**E-mail address required*

Mailing Address (If different from residence) Same as residence
Where you receive correspondence

Address Line 1

Address Line 2

City Province Postal Code

Shipping Address (If different from mailing address) Same as mailing address
Where you would like your product to arrive

Address Line 1

Address Line 2

City Province Postal Code

Individual(s) Responsible For The Applicant (Please complete this section if you have a caregiver)

Name

Given Name

Surname

Date of Birth Month Day Year

Gender Male Female

E-mail Address

I, am responsible for

Individual Responsible/Caregiver For Applicant

Applicant's Name

Individual Responsible For Applicant Signature _____ **Date**

Name

Given Name

Surname

Date of Birth Month Day Year

Gender Male Female

E-mail Address

I, am responsible for

Individual Responsible/Caregiver For Applicant

Applicant's Name

Individual Responsible For Applicant Signature _____ **Date**

Health Care Practitioner Information (Please complete this section)

Name

Title/Profession

Given Name

Surname

Clinic/Business Name

Address Line 1

City Province Postal Code

Telephone # Fax #

The Applicant and/or The Person Responsible For The Applicant Must Agree To The Following:

Important, please read and sign below.

- * The applicant acknowledges that medical marijuana is not approved for the use as a drug in Canada, that its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear. The applicant acknowledges and agrees that he or she is using any medical marijuana product obtained from CanniMed Ltd. at his or her own risk, and releases CanniMed Ltd. (and its production partners, including Prairie Plant Systems Inc.) 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 marijuana obtained from CanniMed Ltd.
- * The applicant is ordinarily a resident in Canada.
- * The information in the application and medical document is correct and complete.
- * The medical document is not being used to seek or obtain dried marijuana from another source.
- * The original document accompanies the application.
- * The applicant will use dried marijuana only for their own medical purposes.
- * The applicant gives consent to CanniMed Ltd to forward the necessary personal information to our production licensed producer and service providers for purchasing, shipping and distribution purposes only. Note: this consent is required to receive our products.

Applicant/Individual Responsible Signature _____ **Date**