# POTANICALS GREEN GROWERS INC.

### **Potanicals Green Growers Inc.**

# **APPLICATION**

# on basis of registration certificate

Please contact our care team at 778-479-2458 if you have any questions.

### **Potanicals Green Growers Inc.**

4715 Paradise Valley Drive Peachland, BC, VOH 1X3 Phone: +1-855-702-5647 Fax: +1-604-373-8198 Email: med@potanicals.ca

First Name(s)  Date Of Y Y Y Y M M M D D D Gender  Phone  Primary Residence Address (if this is not a private residence please complete the name and type of establishment in Section 3)  Unit No.  Street No.  Street Address  Unit No.  Street No.  Street Address  Unit No.  Street Address  Unit No.  Street No.  Street Address  Unit No.  Street Address  Unit No.  Street Address  Unit No.  Street Address  Unit No.  Street Address  In the application is being made to obtain:  Option 1: Dried cannabis, or fresh cannabis Option 2: Cannabis plants, or cannabis plant seeds  If Option 1 is checked, please indicate  Shipping Address   Check box if same as Primary Residence Address  Unit No.  Street Address  Unit No.  Street No.  Street Address  Unit No.  Street Address  Unit No.  Street No.  Stree	Section 1	: Apı	olica	nt In	form	natio	n –	ГHIS	SEC	TION IS MANDATORY											
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### **Potanicals Green Growers Inc.**

# **APPLICATION**

## on basis of registration certificate

Please contact our care team at 604-373-8198 if you have any questions.

Section 2: Caregiver Information - If you would like to authorize someone to talk with Potanicals on your behalf please

### **Potanicals Green Growers Inc.**

4715 Paradise Valley Drive Peachland, BC, VOH 1X3 Phone: +1-855-702-5647 Fax: +1-604-373-8198 Email: med@potanicals.ca

-									authorize anyone to communicate with Posponsible for the Applicant listed				f you ca	an leave	e this se	ection b	lank.				
First Nam	e(s)								Middle Name(s)			Last Name									
Date Of Birth	Υ	Υ	Υ	Υ	М	M	D	D	Gender	Phone											
Caregiver	Signa	ture								Date		Υ	Υ	Υ	Υ	М	М	D	D		
Section 3	: Res	sider	nts o	f car	e ho	mes,	she	lters	, hostels or similar institut	ions th	nat <sub> </sub>	prov	ide s	ocia	l serv	/ices	to a	pplic	ant		
If you don't	live i	n a ca	re ho	me, s	helter	, hos	tel or	simila	ar institution you can leave this se	ection b	lank										
Name of E	stabl	ishme	ent								Type of Establishment										
Phone Fax								Fax			Email										
By signing be	low, t	he ma	nager	of the	establ	lishme	nt cor	nfirms	that the institution provides food, lo	dging or o	other	socia	l servi	ces to	the ap	plicant					
Name of Residence Manager Signature of						ignat	ure o	of Residence Manager D				Υ	Υ	Y	Υ	М	М	D	D		
By signing be behalf.	low, t	he Hea	althca	re Prac	ctitione	er con:	sents t	o rece	<b>IET</b> - If you would like to authorize your vive cannabis products, other than ca	nnabis pl		and ca				s, on th	пе арр	licant'	s		
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