

Thank You for Choosing Northern Green!

Thank you for choosing to register with Northern Green Canada!. As a Canadian licensed producer of cannabis, our primary goal is your safety. Our aim is to provide you with comprehensive support and research to empower your decision to utilize cannabinoids to improve your quality of life.

Under Health Canada regulations, you must complete a **2-Step Process** in order to purchase medicinal cannabis:

1 Complete & Submit your Registration

To register as an NGC Client for the purchase of medicinal cannabis, complete our Registration Form and send it to us by one of the following:

A. Secure fax line

1-647-361-4710

B. Email

ClientServices@NorthernGreenCanada.com

C. Online

NorthernGreenCanada.com/Register

D. Regular mail

ATTN: Client Services Team

RPO City Centre

PO Box 51075

Brampton, ON

L6T 5M2

Please Note: You can also request your Healthcare Professional send us your Registration Form by secure fax along with your Medical Document (Step 2)

2 Complete a Medical Assessment

Visit your chosen Healthcare Professional for an assessment to obtain a prescription for medicinal cannabis. We can only accept this Medical Document by secure fax or mail, directly from your healthcare professionals' office.

Once we receive both documents (Registration Form & Medical Document), we will verify your information, and send you a confirmation email. You will then be granted access to the NGC Client Portal and can place your first order of medicinal cannabis.



Registration Form

1. CLIENT INFORMATION

First Name: _____ Last Name: _____

Email: _____ Telephone: _____

Gender: Male Female Other: _____ Date of Birth: _____

2. RESIDENCE ADDRESS

Address: _____

City: _____ Province: _____ Postal Code: _____

Is the above address a Private Residence? Yes No

3. SUPPORT PROGRAMS

At NGC, everything we do is in support of our patients. We believe that the therapeutic potential and power of medicinal cannabis should be available to all patients who require it. That's why we are proud to offer discount and pricing programs that improve affordability and access to medicinal cannabis.

Select any of our current **Support Programs** below to apply, if applicable. Our Client Services Team will follow-up with you on any required info/forms upon receiving your Registration Form.

Veterans Seniors Frontline Workers Low-Income / Disability

4. AUTHORIZATION

By signing this Registration Form, you give us permission to send medical cannabis and your registration information to the shipping address provided. You also give us permission to communicate with you at your listed email address so that we can provide you with information related to your account and purchases. If you do not provide an email address, please indicate your preferred method of contact below:

by Phone

by Mail

I Opt-In to receiving updates from NGC on medicinal cannabis products or other updates on exclusive offers for products and services, special events, and promotions:

Yes No

PATIENT INFORMATION

Northern Green Canada (NGC) is required to collect the following personal information from applicants to comply with Health Canada regulations to Access to Cannabis for Medical Purposes Regulation (ACMPR). This information may be amended from time to time. The information collected by NGC stays confidential. NGC uses and discloses personal information in accordance with the provisions of the Personal Information Protection and Electronic Documents Act (PIPEDA), the Ontario Personal Information Protection Act, ACMPR, and NGC's privacy policy. Personal information collected in these forms is only for the purposes of providing medical cannabis and related services to applicants.

SIGNEE ACKNOWLEDGEMENTS

The signee hereby confirms the information set out in the application is correct and complete and that Northern Green Canada is relying on this information. The signee hereby states:

- (a) The applicant ordinarily resides in Canada;
- (b) The information in the application and the medical document is correct and complete;
- (c) The medical document is not being used to seek or obtain fresh or dried cannabis or cannabis oil from another source;
- (d) The original of the medical document is provided in support of the application;
- (e) The applicant will use fresh or dried cannabis or cannabis oil only for their own medical purposes.
- (f) The applicant consents to the health care practitioner named in the medical document disclosing required personal health information to Northern Green Canada for the purpose of registering the applicant in compliance with the requirements of the Access to Cannabis for Medical Purposes Regulations.

(g) The applicant is aware that the benefits and risks associated with the use of cannabis are not fully understood and that the use of cannabis may involve risks that have not been identified; and the applicant accepts those risks

(h) By signing this registration form, applicant or caregiver (if applicable) allow Northern Green Canada to send registration information to the mailing and email addresses provided therein.

The signee hereby acknowledges that this Application requires you to provide certain Personal Information to Northern Green Canada. Such information is being collected and will be used by Northern Green Canada for the purposes of completing your registration, which includes, without limitation, determining your eligibility to purchase products from Northern Green Canada, for determining your qualification for financial assistance, if available to you, from certain third parties (i.e. Veteran's Affairs Canada)

Quebec's Commission de la santé et de la sécurité du travail or private insurance companies) (collectively, "Authorized Third Parties"), for research and study purposes and for providing ongoing support to you. You hereby agree that your Personal Information may be disclosed by Northern Green Canada to: (a) Authorized Third Parties, (b) any parties, including but not limited medical or academic researchers, involved in conducting research or study services but only provided such parties are under strict obligations to maintain the confidentiality of the Applicant's Personal Information and (c) Northern Green Canada client support team. By signing this Application, you consent to the foregoing collection, use and disclosure of your Personal Information.

Applicant Signature: _____

Date: _____

DD/MM/YYYY