



YOUR REGISTRATION FORM

Thank you for selecting Northern Green Canada (NGC). Our primary goal is to provide safe and secure support to our clients. We have the knowledge, and the research behind it, to empower your decision to use cannabinoids as part of your healthcare regime.

NGC develops cannabis products backed by research by our team of scientists, doctors and cultivation experts.

NGC's client services team is available to answer your questions and assist you along the path to improving your quality of life. Our team of professionals will assist you in gaining access to medical cannabis that is produced in compliance with all industry standards. NGC's cultivation experts produce premium products using state of the art technology to ensure safe, tested and consistent cannabis products. Our in-house medical staff is here to protect your safety.

All fields are mandatory unless specified with an * and relative notes. Clarification to those fields may be provided.

1. Are you applying directly for medical marijuana or are you a caregiver applying on behalf of somebody else?

I am applying for myself

I am a substitute decision maker applying for the Applicant, and I represent and warrant that I meet all of the requirements to be _____ 's decision maker under the applicable legislation.
Applicant Name

2. The "Applicant" is the person who the medical marijuana is for. If you are applying for yourself, then that is you. If you are a substitute decision maker, it is the person you are applying for. Please provide the Applicant's information:

First Name: _____ Last Name: _____ Gender: _____ Birthdate: _____
DD/MM/YY

Residence Address: _____ Apt/Suite: _____ City: _____

Province: _____ Postal Code: _____ Telephone No.: _____

E-mail: _____ *Alternate Telephone: _____

* - Only complete address below if Mailing Address is different from your Residence Address

Mailing Address: _____ Apt/Suite: _____ City: _____

Province: _____ Postal Code: _____ Telephone No.: _____

E-mail: _____ Alternate Telephone: _____

3. Please indicate if the "Applicant" is having their medical product shipped to:

A Private Residence (i.e., a house, apartment, condo, etc.) Non-Private Residence (i.e. long-term care home, hostel, etc.)

* - Only complete the rest of Question 3 if you selected "Non-Private Residence"

Name of Residence: _____ Type of Residence: _____

I, Residence Manager, hereby certify that I am a manager of the above listed establishment and that we provide basic living accommodation (food, lodging, and or social services to the Applicant listed in this document).

Residence Manager Name (Printed): _____ Date: _____
DD/MM/YY

Residence Manager Signature: _____

4. Is the "Applicant" enrolled in the Veterans Affairs Canada Program, and will use this program for Direct Billing?

Yes No If you selected "Yes", please provide the following: *K-Number: _____



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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 marihuana 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 marihuana 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 the 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 marihuana are not fully understood and that the use of marihuana 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.

SUBMITTING TO NORTHERN GREEN CANADA

To submit, please secure this form with your Medical Document along with any other required documents, and send by mail to:

ATTN: Northern Green Canada, Client Services
RPO City Centre
Brampton, ON L6T 5M2
PO Box 51075

Name (Printed): _____ Date: _____

Signature: _____