



YOUR REGISTRATION FORM

Thank you for choosing to register with Northern Green Canada (NGC). 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.

You can be assured at NGC we develop cannabis products backed by research contributed by scientists, doctors, and a network of cultivation experts, both domestic and international. Our team fosters a client-centered care approach - what you value is what we care about.

We are available to answer any questions you have, and assist you along the path to improving your quality of life. While cannabis is not the best option for everyone, our team of professionals can guide you through the registration process to access high-quality industry-standard medical cannabis. We believe in reaching beyond common service standards, and as such, we have a dedicated team of in-house medical staff to protect your safety. Our cultivation experts produce premium products using state of the art technology and equipment to ensure safe, tested, and consistent cannabis products.

INSTRUCTIONS

A. Complete Registration Form

To register as a client of Northern Green Canada for the purchase of medical cannabis, complete and sign this *Registration Form* and submit by one of the following methods:

1. Scan & Email

ClientServices@northerngreencanada.com

2. Secure Fax Line

1-647-361-4710

3. Regular Mail

ATTN: Client Services Team

RPO City Centre

PO Box 51075

Brampton, ON

L6T 5M2

Alternatively, you can register with NGC quickly and easily online at: NorthernGreenCanada.com/Register

B. Visit a Healthcare Professional to complete an initial assessment.

We can only accept submission of your Medical Document directly from your Healthcare Professional, either by secure fax or by mail. You can find our Medical Document and all physical patient documents at:

NorthernGreenCanada.com/Forms

Once we receive both your registration and Medical Document, we will verify your information and send you a confirmation email. At this point, you will be able to log-in to our Client Portal, choose your medical cannabis products, and place your first order with us!

If you need any assistance submitting these documents, or with any other part of this process, please don't hesitate to contact our **Client Services team** by:

Email:

clientservices@northerngreencanada.com

Phone:

1-866-233-3707



1. PATIENT INFORMATION

| | | | |
|-------------------------------------|--------|-----------------------------|--|
| First Name: | | Last Name: | |
| Gender: Male Female Other: | | Date of Birth: (MM/DD/YYYY) | |
| Email: | Phone: | Alternate Phone: (optional) | |

2. RESIDENCE ADDRESS

| | | |
|----------|-----------|--------------|
| Address: | | Apt/Suite: |
| City: | Province: | Postal Code: |

Please indicate if the address above is:

A Private Residence
(i.e. a house, apartment, condo, etc.)

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

Only complete this section if you selected 'A Non-Private Residence'

| | |
|--------------------|--------------------|
| Name of Residence: | Type of Residence: |
|--------------------|--------------------|

Certification by Residence Manager: *I 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).*

| | | |
|-------------------|------------|--------------------|
| Name: | Phone: | Date: (MM/DD/YYYY) |
| Email: (optional) | Signature: | |

3. SHIPPING INFORMATION

Where will we be shipping your medicinal cannabis?

To your Residence Address

To a different Mailing Address
Note: Can only be selected if this is your primary address with Canada Post

To my Healthcare Professional
Note: You will need your Healthcare Professional's written permission

Only complete this section if you selected 'To a different Mailing Address' or 'To my Healthcare Professional'

| | | |
|----------|-----------|--------------|
| Address: | | Apt/Suite: |
| City: | Province: | Postal Code: |



3. SHIPPING INFORMATION (cont'd)

Only complete this section if you selected 'To my Healthcare Professional'

Certification by Healthcare Professional: *I hereby consent to receive cannabis products on behalf of the patient listed above*

| | | |
|-------------------------------|--------------------|-----------------|
| Healthcare Professional Name: | Phone: | Fax: (optional) |
| | | |
| Signature: | Date: (MM/DD/YYYY) | |
| | | |

4. INDIVIDUAL RESPONSIBLE FOR APPLICANT

Only complete the section if you are a Caregiver applying on behalf of the Applicant

Primary Individual Responsible for Applicant:

| | | | |
|---------------|--------|------------|--|
| First Name: | | Last Name: | |
| | | | |
| Relationship: | Email: | Phone: | |
| | | | |

Secondary Individual Responsible for Applicant (if applicable):

| | | | |
|---------------|--------|------------|--|
| First Name: | | Last Name: | |
| | | | |
| Relationship: | Email: | Phone: | |
| | | | |

Certification by Primary Individual Responsible for Applicant: *I am a substitute decision maker applying for the Applicant, and I represent and warrant that I meet all of the requirements to be the Applicant's decision maker under the applicable legislation.*

| | |
|------------|--------------------|
| Signature: | Date: (MM/DD/YYYY) |
| | |



5. ADDITIONAL INFORMATION

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.

Please indicate if we may also email you regarding product availability, and other Northern Green Canada updates

Yes No

Do you have a specific affliction or previous diagnosis that you are hoping to use medicinal cannabis to treat? If so, please tell us about your motivations below, in whatever detail you feel comfortable providing.

My previous diagnosis or affliction is...

Do you have prior experience (or product preferences) with cannabis? If so, please indicate below so that we may better assist you in your product search. (e.g. Indica vs. Sativa, Oils vs. Dried Flower, etc.)

My cannabis preferences are...

Are you interested in participating in clinical trials through Northern Green Canada's R&D branch, Northern green Sciences?

Yes No

6. AUTHORIZATION

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.

| | |
|------------|--------------------|
| Full Name: | |
| | |
| Signature: | Date: (MM/DD/YYYY) |
| | |