

Part A: APPLICANT'S INFORMATION

APPLICANT'S NAME: _____
Surname First Name and Middle Name (if applicable)

DATE OF BIRTH: _____ GENDER: MALE FEMALE OTHER
Day/Month/Year

RESIDENCE ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ MOBILE: _____ E-MAIL: _____

The above address is one of the following:

- A private residence (e.g. house or apartment)
- An establishment that is not a private residence (e.g. hospice, hospital, nursing home etc.)

If checked, complete details for the establishment.

ESTABLISHMENT TYPE: _____

ESTABLISHMENT NAME: _____

Part B: APPLICANT'S SHIPPING ADDRESS

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

- SAME AS RESIDENCE
- THE BUSINESS ADDRESS OF THE HEALTH CARE PRACTITIONER WHO PROVIDED THE MEDICAL DOCUMENT⁽¹⁾

⁽¹⁾If the shipping address is the address of the health care practitioner who provided the medical document to the applicant, a statement signed and dated by the health care practitioner indicating that the practitioner consents to receive fresh or dried marijuana or cannabis oil on behalf of the applicant must be included with the application. Consent form must be submitted.

Part C: CAREGIVER (complete if applicable)

CAREGIVER'S NAME: _____
Surname First Name and Middle Name (if applicable)

DATE OF BIRTH: _____ GENDER: MALE FEMALE OTHER
Day/Month/Year

TELEPHONE: _____ MOBILE: _____ E-MAIL: _____

Part D: STATEMENTS AND SIGNATURE BY APPLICANT OR CAREGIVER

To be completed by the applicant or caregiver and is referred to in Part C of this application. IMPORTANT: Carefully read all statements below before signing the application. If the caregiver is completed in Part C of this application, they attest that they are an individual responsible for the applicant.

By signing this document below, I (the applicant or caregiver) attest that (a) I 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 marijuana or cannabis oil from another source; (d) the original of the medical document is provided in support of the application; (e) I will use fresh or dried marijuana or cannabis oil only for their own medical purposes; (f) the applicant has read and agrees to Maricann Inc.'s Privacy Policy and Website Terms and Conditions of Use which may be found at maricann.ca

I acknowledge that (i) cannabis for medical purposes (e.g., fresh or dried marijuana or cannabis oil), or cannabis generally, has not been authorized for provision or sale under the Food and Drugs Act of Canada and it has not been assessed for safety or efficacy to treat or prevent any disease or symptom; and (ii) risks associated with use of cannabis of any kind have not been adequately identified or studied; and (iii) the dosage of cannabis is unclear. I acknowledge and agree that I voluntarily accept and assume the risks and dangers associated with the use of cannabis (e.g., fresh or dried marijuana or cannabis oil) obtained from Maricann Inc. I acknowledge and agree that I am using cannabis (e.g. fresh or dried marijuana or cannabis oil) for medical purposes obtained from Maricann Inc., at my own risk, and I release Maricann Inc., including directors, officers, employees, contractors and affiliates of Maricann 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 cannabis obtained from Maricann Inc. I agree and give consent to Maricann Inc. to receive, retain, use and disclose my personal information as it is necessary for Maricann Inc. to (i) process the application and registration, (ii) provide services or cannabis under the application to myself as a registered client and (iii) to comply with the Access to Cannabis for Medical Purposes Regulations (ACMPR). Maricann Inc. will not sell or provide cannabis (e.g. fresh or dried marijuana or cannabis oil) to a client or an individual who is responsible for the client after the expiry date of the registration on the basis of a new medical document unless the client or the individual submits to Maricann Inc. a new registration application under the ACMPR.

PRINT NAME OF APPLICANT OR CAREGIVER: _____

SIGNATURE: _____ DATE: _____
Day / Month / Year