

## CLIENT REGISTRATION

FOR APPLICANTS WITH A PERMANENT ADDRESS

### IMPORTANT:

The personal information provided on this form **must** match the information that appears on your Supporting Document.

### APPLICANT INFORMATION *All fields marked with \* are mandatory.*

FIRST NAME\*

LAST NAME\*

PHONE NUMBER

EMAIL ADDRESS

*If no phone or email are provided, we will contact you via mail.*

DATE OF BIRTH (MM/DD/YEAR)\*

GENDER\*

☐

MALE

☐

FEMALE

☐

X

### RESIDENTIAL ADDRESS

ADDRESS\* *Must be a physical address; no post office boxes allowed.*

CITY\*

PROVINCE\*

POSTAL CODE\*

IS THIS A PRIVATE RESIDENCE? \*

☐

YES

☐

NO

*If no, please provide the name and type of the establishment below (example: nursing or care home)*

NAME OF ESTABLISHMENT *Only fill out if you chose "no" above*

TYPE OF ESTABLISHMENT *Only fill out if you chose "no" above*

### IS YOUR RESIDENTIAL ADDRESS DIFFERENT FROM YOUR SHIPPING ADDRESS?\*

☐

NO, PLEASE SHIP TO MY RESIDENTIAL ADDRESS ABOVE  
*(for home delivery)*

OR

☐

YES, PLEASE MAIL TO THE MAILING ADDRESS BELOW  
*(for pickup at post office or mail depot - must be associated with your residential address)*

ADDRESS *Only fill out if you chose "yes" above*

CITY

PROVINCE

POSTAL CODE

## VETERANS AFFAIRS COVERAGE

ARE YOU ELIGIBLE THROUGH VETERANS AFFAIRS?

☐

NO

☐

YES

K NUMBER

*If yes, please provide your k number. Must be 7 digits.*

## ACKNOWLEDGMENT OF APPLICANT

Supporting Document refers to either a signed Medical Document or a Registration Certificate issued by Health Canada.

- The applicant acknowledges that some of the information provided in this document may be shared with Health Canada, our service providers, Veterans Affairs, and/or insurance providers, as applicable, solely for the purposes of providing service support.
- The applicant gives Broken Coast permission to share their ordering information with their prescribing physician and/or the clinic through which they received their consultation
- The applicant ordinarily resides in Canada.
- The information in the application and the Supporting Document is correct and complete.
- The Supporting Document is not being used to seek or obtain dried or fresh marijuana or cannabis oil from another source.
- For applicants applying using a Registration Certificate: The application is for the purpose of obtaining an interim supply of fresh or dried marijuana or cannabis oil.
- For applicants applying using a Medical Document: The original of the Medical Document accompanies the application.
- The applicant will use dried marijuana or cannabis oil only for their own medical purposes.

SIGNATURE\*

DATE (MM/DD/YEAR)\*

### PLEASE NOTE

Forms with missing or incomplete mandatory fields cannot be accepted as per ACMPR regulations.  
Please contact us if you have any questions regarding this form.

*Thank you for registering with Broken Coast*