Client Registration

Form B: For applicants with no residence - Shelter, hostel or similar institution

Version 1.8 September 2017

IMPORTANT NOTE: In order to finalize your registration as a client of Peace Naturals, we will require a Medical Document or a copy of your ACMPR Registration Certificate from Health Canada. Should you need direction as to how to obtain this information, please contact our Client Care team.

☐ **New Client** ☐ **Client Renewal** ☐ **Change of Address** Peace Naturals Client ID# _____

APPLICANT INFORMATION

Title	Given Name	Surname
Date of Birth MM / DD / YYYY	Gender ☐ Male ☐ Female	Veteran ☐ Yes VAC# _____
Email Address		☐ Please sign me up for online shopping.

INDIVIDUAL(S) RESPONSIBLE FOR THE APPLICANT - (If you have caregiver(s), please complete this section)

Title	Given Name	Surname
Date of Birth MM / DD / YYYY	Gender ☐ Male ☐ Female	
Telephone Number	Email Address	

WHERE YOU WOULD LIKE YOUR MEDICINE TO ARRIVE

Establishment Name		Establishment Type
Manager's Given Name	Manager's Surname	

ESTABLISHMENT ADDRESS

Address		
City	Province	Postal Code
Best Telephone Number	Preferred Time for Contact	Email Address

I, _____ attest that _____
Manager's Name — Establishment's Name

provides food, lodging or other social services to _____ .
Applicant's Name

Manager's Signature	Date

ACKNOWLEDGMENT

The Applicant and/or the Person Responsible for the Applicant Must Read and Acknowledge the Following:

- The applicant is ordinarily a resident of Canada.
- The information in the application and medical document or ACMPR Registration Certificate is correct and complete.
- The medical document or Registration Certificate is not being used to seek or obtain cannabis from another source.
- A valid medical document or copy of your ACMPR Registration Certificate from Health Canada accompanies this application.
- The applicant will use cannabis products only for their own medical purposes.

Applicant / Individual Responsible Signature	Date