



REGISTRATION AMENDMENT

CHANGE OF A RESIDENTIAL, MAILING, OR SHIPPING ADDRESS

CLIENT INFORMATION All fields marked * are mandatory.

FIRST NAME*

LAST NAME*

CLIENT ID

CHANGE OF ADDRESS

NEW 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 NEW MAILING ADDRESS BELOW
(for pickup at post office or mail depot - must be associated with your residential address)

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

CITY

PROVINCE

POSTAL CODE

ACKNOWLEDGMENT OF APPLICANT

- The client ordinarily resides in Canada.
- The information contained in this application is correct and complete.

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.

