

NAME/GENDER/DATE OF BIRTH AMENDMENT

CHANGE OF NAME, GENDER AND/OR DATE OF BIRTH

PREVIOUS CLIENT INFORMATION *All fields marked with * are mandatory.*

FIRST NAME*

LAST NAME*

DATE OF BIRTH (MM/DD/YEAR)*

GENDER*

 MALE FEMALE X

CLIENT ID

NEW CLIENT INFORMATION *All fields marked with an * are mandatory.*

FIRST NAME*

LAST NAME*

DATE OF BIRTH (MM/DD/YEAR)*

GENDER*

 MALE FEMALE X

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 provide a **scanned copy** of your drivers license or other government issued document along with this completed form to:

BY CANADA POST TO:

Broken Coast Cannabis
Box 1150, Ladysmith, BC
Canada V9G 1A8

BY COURIER TO:

106-3695 Drinkwater Rd.
Duncan, BC
Canada V9L0E9

BY FAX TO:

1-844-860-1194

