



# NAME & 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)\*

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

BROKEN COAST CANNABIS  
3695 DRINKWATER RD. DUNCAN,  
BC V9L 0E9



INFO@BROKENCOAST.CA  
TEL 1-888-486-7579  
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