

Registration Amendment Form

For clients who do not have a permanent residential address
(*you currently reside in a shelter, hostel, or similar institution*)

Client information

Name: _____
Last Name *First Name*

Telephone Number: _____ Email Address: _____

Establishment Information

The establishment located in Canada which currently provides you with food, lodging or other social services.

Name and Type of Establishment: _____
Name *Type*

Address of Establishment: _____

City: _____ Province _____ Postal Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Attestation

The following attestation is to be completed by the manager of the establishment.

I, _____, attest that _____
Name of Manager *Name of Establishment*

provides food, lodging and/or other social services to _____
Name of Client

Signature: _____ Date: _____
Signature of Manager *Day/Month/Year*

Shipping address

Clients without a residential address must have their product shipped to the health care practitioner who completed the medical document. If the address of the health care practitioner changes, please fill out the corresponding amendment form.

Health care practitioner's business address as specified in the Medical Document

Individual(s) responsible for applicant (if applicable)

To be completed by the individual(s) responsible for the client.

Name: _____
Last Name *First Name*

Date of Birth: _____ Gender: Male Female
Day/Month/Year

I, _____, attest that I am responsible for _____
Name of Responsible Individual *Name of Client*

Signature: _____ Date: _____
Signature of Responsible Individual *Day/Month/Year*

Second responsible individual (if applicable)

Name: _____
Last Name *First Name*

Date of Birth: _____ Gender: Male Female
Day/Month/Year

I, _____, attest that I am responsible for _____
Name of Responsible Individual *Name of Client*

Signature: _____ Date: _____
Signature of Responsible Individual *Day/Month/Year*

Acknowledgement of client or responsible individual(s)

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

Signature of client: _____

OR

Signature of responsible individual(s) (if applicable): _____

Date: _____
Day/Month/Year