



SMALL BATCH  HIGH GRADE
BROKEN COAST
 CANNABIS LTD

REGISTRATION AMENDMENT

FOR CLIENTS WHO DO NOT HAVE A PERMANENT RESIDENTIAL ADDRESS
 (YOU CURRENTLY RESIDE IN A SHELTER, HOSTEL, OR SIMILAR INSTITUTION)

CLIENT INFORMATION *All fields marked * are mandatory.*

FIRST NAME*

LAST NAME*

TELEPHONE NUMBER*

EMAIL ADDRESS*

ESTABLISHMENT INFORMATION

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

NAME OF ESTABLISHMENT*

TYPE OF ESTABLISHMENT*

ADDRESS OF ESTABLISHMENT*

CITY*

PROVINCE*

POSTAL CODE*

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 OF MANAGER*

DATE (MM/DD/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.

FIRST NAME*

LAST NAME*

DATE OF BIRTH (MM/DD/YEAR)*

I, _____, attest that I am responsible for _____
NAME OF RESPONSIBLE INDIVIDUAL NAME OF CLIENT

SIGNATURE OF RESPONSIBLE INDIVIDUAL*

DATE (MM/DD/YEAR)*

SECOND RESPONSIBLE INDIVIDUAL *(if applicable)*

FIRST NAME*

LAST NAME*

DATE OF BIRTH (MM/DD/YEAR)*

GENDER*

 MALE FEMALE X

I, _____, attest that I am responsible for _____
NAME OF RESPONSIBLE INDIVIDUAL NAME OF CLIENT

SIGNATURE OF RESPONSIBLE INDIVIDUAL*

DATE (MM/DD/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*

DATE (MM/DD/YEAR)*

OR

SIGNATURE OF RESPONSIBLE INDIVIDUAL(S)

DATE (MM/DD/YEAR)*

SIGNATURE OF RESPONSIBLE INDIVIDUAL(S)

DATE (MM/DD/YEAR)*

