Registration Amendment

Canna Farms is a subsidiary of MediPharm Labs.

Address: 151 John St, Barrie, ON L4N 2L1 ***Phone:*** 1-855-882-0988 ***Fax:*** 1-855-244-9158 ***Email:*** registrations@cannafarms.ca

PLEASE NOTE: In order to complete the registration, all fields marked with an **asterisk (*)** must be completed. This information must match the Medical Documentation form. Incomplete forms will cause a delay in registration. Complete Registration Application forms may be submitted by **mail, email or fax**. The Medical Document will only be accepted in **ORIGINAL FORM** only.

Client Information*

Canna Farms Client ID Number*			
Title	**Given Name***	**Surname***	
Date of Birth* (MM/DD/YYYY)		**Gender*** ☐ Male ☐ Female ☐ I do NOT identify or associate with either gender	
Street Address*			**Buzzer #** (if applicable)
City*	**Province***	**Postal Code***	
Phone Number*	**Email Address**		

Please note: this email address will be used to grant you access to the online store to purchase your medication. If no email address is provided, orders will only be possible over the phone

Additional Applicant Information (optional)

Canadian Armed Forces Veteran K#

Applicant Shipping/Mailing Address*

☐ **Shipping/Mailing Address is same address as above**

Street Address*			**Buzzer #** (if applicable)
City*	**Province***	**Postal Code***	

Responsible Individual Information (If applicable)

To be completed by the individual responsible for the Applicant (if applicable). The Responsible Individual may act on behalf of the Registered Client. They may make inquiries, changes and orders on the part of the Client.

Title	**Given Name***	**Surname***	
Date of Birth* (MM/DD/YYYY)		**Gender*** ☐ Male ☐ Female ☐ I do NOT identify or associate with either gender	
Phone Number*	**Email Address**		

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Authorization of Applicant and/or Responsible Individual

The undersigned Client and/or Responsible Individual hereby understands, agrees, and warrants that:

1. The Client ordinarily resides in Canada.
2. All of the authorization conditions from the original Registration Application will continue to be applicable with this Registration Amendment.
3. The information contained herein is correct and complete.

Applicant Signature*: _____ **Date***: _____
(MM/DD/YYYY)

Responsible Individual: _____ **Date***: _____
Signature ***(if applicable)*** *(MM/DD/YYYY)*

Once completed, this Registration Amendment may be submitted to Canna Farms c/o MediPharm Labs in one of the following ways:

Email: registrations@cannafarms.ca **Fax:** 1-855-244-9158 **Mail:** 151 John St, Barrie, ON L4N 2L1