



Tel: 902-932-8584

medical@eastcann.ca
www.eastcann.ca

Form A - registration Application. To be completed by applicant.

Please complete this form if you have a permanent residence. If you live in a business, hotel, shelter, hostel, or similar establishment, please complete **Form E**. If you are the person responsible for the applicant, please complete **Form D**, and include in the application package.

Attn: Patient Care Team
PO Box 50024
205 Pleasant Street
Dartmouth, NS B2Y 3R0

Applicant Information

First Name	Preferred Language	Date of Birth: (MM/DD/YY)
<input type="text"/>	English <input type="radio"/> French <input type="radio"/>	<input type="text"/>
Last Name	Gender	Optional: Veterans Blue Cross #:
<input type="text"/>	Male <input type="radio"/> Female <input type="radio"/>	<input type="text"/>
Email Address	<input type="text"/>	
<input type="text"/>		

Contact information:

Physical address - primary physical residence must be in Canada. If providing a PO Box number you must also include your physical residence.

Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Cell Number	Alternate Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Mailing Address

Street Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Cell Number	Alternate Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Shipping Address Please ship my EASTCANN medical cannabis products to: Physical Address Mailing Address

Declaration of the Applicant or the Person Responsible for the Applicant

Important - please read and sign below:

- The Applicant acknowledges that medical cannabis is not approved for the use as a drug in Canada, that its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear.
- The Applicant acknowledges and agrees that he or she is using any medical cannabis product obtained from EASTCANN at his or her own risk, and releases EASTCANN (and its production partners) from any and all actions, claims, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis obtained from EASTCANN.
- The Applicant is ordinarily a resident in Canada.
- The information in the application and Medical Document is correct and complete.
- The original Medical Document is provided in support of this application or has/will be sent separately.
- The Medical Document is not being used to seek or obtain fresh or dried cannabis, or cannabis extracts from another source.
- The Applicant will use fresh or dried cannabis, or cannabis extracts, only for their own medical purposes.
- The Applicant gives consent to EASTCANN to forward the necessary personal information to our production licensed producer, the applicant's health care practitioner, and service providers for purchasing, shipping, verification and distribution purposes only.
- The Applicant gives consent to his or her health care practitioner to forward the necessary personal information to EASTCANN in order to register the Applicant and fulfill his or her orders.
- The Applicant may revoke the consent given at any time by providing written notice to EASTCANN.

*EASTCANN is a business name of the license holder "Prime Pot Inc."

SIGNATURE _____

Applicant/Person Responsible for Applicant

Date

(MM/DD/YY)