



CannTrust™

Mail, fax, or email application to:
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Email: customerservice@canstrust.ca

1-855-RX4-CANN (794-2266)|www.canstrust.ca

Registration Amendment Form

Version 2.0 December 2015

Complete This Form To Amend Your Registration

Information Section 1 - Applicant New Information

Full Name:

First Name

Last Name

Date of Birth: Month Day Year

Gender: Male Female Unique Client ID Number

Reason for Amendment

- Change Permanent Shipping Address
 Change Temporary Shipping Address
 Name Change
 Gender Change
 Date of Birth Change
 Healthcare Practitioner Change
 Caregiver Change

New Information:

Section 2 - Caregiver/Individual's Responsible For Applicant New Information

Caregiver Name

Given First Name(s)

Surname (Last Name)

Caregiver's Date of Birth: Month Day Year

Gender: Male Female **Caregiver's Contact Number:**

I, am responsible for

Caregiver/Person Responsible Full Name

Applicant's Name

Caregiver Signature: _____

Date:

Day / Month / Year



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Section 3 - New Health Care Practitioner Information

Name: Title Given Name Surname

Profession: **Clinic Name:**

License# Medical License Number Province Licensed to Practice

Office Address: Unit # Street Address 1 Street Address 2 (If Applicable)

City Province Postal Code

Contact: Practitioner Phone (required) Practitioner Fax (required) Practitioner Email

I, consent to receive marijuana on behalf of Applicant's Name

Health Care Practitioner Signature _____ **Date**
(required if you are consenting to receive dried marijuana on behalf of applicant) Day / Month / Year

Section 4 - *IMPORTANT* -PLEASE READ AND SIGN BELOW
The Applicant and/or the Person Responsible for the Applicant Must Read and Acknowledge the following:

- The applicant is ordinarily a resident of Canada.
- The information in the application and Medical Document is correct and complete.
- The Medical Document is not being used to seek or obtain dried marijuana from another source.
- The original Medical Document accompanies this application
- The applicant will use dried marijuana only for their own medical purposes.
- The applicant acknowledges and agrees that he or she is using medical marijuana obtained from CannTrust™ at his or her own risk, and releases CannTrust™ (and its partners, officers, providers, directors and staff) from any and all claims, actions, complaints and demands for damages, loss or injury whatsoever arising directly or indirectly from the use of dried medical marijuana received from CannTrust™
- The applicant acknowledges and understands that the safety and risks associated with the use of dried marijuana have not been fully studied and that a standard dosage of medical marijuana has not yet been established.
- The applicant consents to the Health Care Practitioner named in this document disclosing to CannTrust™, personal health information for the purpose of complying with the requirements of the Marijuana for Medical Purpose Regulation (MMPR). The applicant understands and agrees that a copy of the consent & registration application may be provided to the Health Care Practitioner named in this registration.

Applicant / Individual Responsible Signature _____ **Date**