

FORM MAY BE FILLED OUT IN ADOBE READER AND PRINTED FOR SIGNING AND COMPLETION



STEP 1: APPLICATION FOR MEDICAL MARIJUANA

SECTION 1: APPLICANT / PATIENT INFORMATION

First Name [ ] Last Name [ ]

Birthdate (YYYY/MM/DD) [ ][ ][ ] Gender [ ] Male [ ] Female

CONTACT INFORMATION (PRIMARY RESIDENCE MUST BE IN CANADA)

Unit # [ ] Street Address [ ] Is The Address Provided a Business? [ ] No [ ] Yes

Business Name (If "Yes", State Business Name and Type of Business) [ ] Business Type [ ]

City / Town [ ] Province [ ] Postal Code [ ]

Phone Number [ ] Fax Number (If Applicable) [ ] Email Address [ ]

MAILING ADDRESS (WHERE YOU RECEIVE ZENABIS PRODUCTS) [ ] Check the box if the address is the same as the residential.

Unit # [ ] Street Address [ ]

City / Town [ ] Province [ ] Postal Code [ ]

[ ] Check the box if shipping to a healthcare practitioner [ ] Not Applicable

## SECTION 2: CERTIFICATION INFORMATION

**Whether you are the Applicant or the Individual Responsible for the Applicant, you need to sign this application form certifying that:**

- The Applicant is ordinarily a resident in Canada.
- The information in this application and the accompanying 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 consents to the healthcare practitioner named in the accompanying Medical Document disclosing required personal health information to Zenabis for the purposes of complying with the requirements of the Cannabis Regulations.
- The Applicant (or Individual responsible) acknowledges that he / she has read and agrees to Zenabis Ltd.'s Terms & Conditions and Privacy Policy, available at [www.zenabis.com](http://www.zenabis.com). The Applicant (or Individual responsible) further acknowledges that medical marijuana is not approved for use as a drug in Canada, and that its indications, safety and risks have not been adequately studied and the appropriate dosage is not clear. The Applicant (or Individual responsible) acknowledges and agrees that he / she is using any medical marijuana obtained from Zenabis at his / her own risk and releases Zenabis Ltd. 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 marijuana obtained from Zenabis.
- The Applicant authorizes Zenabis to send emails as part of the relationship (note: this is required to order online).
- Zenabis Ltd. makes no representations and gives no warranties or conditions, whether express, implied, statutory, or otherwise, including, without limitation, any warranties or conditions of merchantability, merchantable quality, durability, or fitness for a particular purpose, all of which are hereby disclaimed. Zenabis takes its product very seriously, as well as its obligations under Bill C-45 (the Cannabis Act) and the Cannabis Regulations to investigate all customer complaints. If at any time you have an issue with your Zenabis medical marijuana, we encourage you to contact us.

**IMPORTANT: Applicant or Individual Responsible for Applicant must *sign, print name, and date below.***

Signature

Print Full Name

Date (YYYY/MM/DD)

x \_\_\_\_\_

\_\_\_\_\_




**MAIL OR FAX THIS DOCUMENT TO:**

Zenabis Ltd., 1668 Fosters Way, Delta, BC V3M 6S6 Fax Line: (+1) 855-ZEN-FAX1

**SECTION 3: INDIVIDUAL RESPONSIBLE FOR THE APPLICANT (CAREGIVER INFO)**

ONLY COMPLETE **SECTION 3** IF YOU ARE THE **INDIVIDUAL RESPONSIBLE FOR THE PATIENT.**

Not Applicable

First Name

Last Name

Birthdate (YYYY/MM/DD)

Gender

Male

Female

Unit #

Street Address

City / Town

Province

Postal Code

Phone Number

Email Address

I am Responsible for (*Print Name of Applicant*)

Individual Responsible Relationship to Patient

**Individual Responsible: I hereby attest that I am responsible for the Applicant listed above (*sign, print name and date*).**

Signature

**x** \_\_\_\_\_

Print Full Name

\_\_\_\_\_

Date (YYYY/MM/DD)

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