

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

STEP 1:

APPLICATION FOR MEDICAL CANNABIS



APPLICANT INFORMATION

First Name

Last Name

Email Address

Phone Number

Birthdate (YYYY/MM/DD)

Gender

Male

Female

Other

PRIMARY RESIDENCE (MUST BE IN CANADA)

Unit #

Street Address

City / Town

Province

Postal Code

Fax Number (If Applicable)

INDIVIDUAL RESPONSIBLE FOR THE APPLICANT (CAREGIVER INFO)

ONLY COMPLETE IF YOU ARE THE **INDIVIDUAL RESPONSIBLE FOR THE APPLICANT.**

Not Applicable

First Name

Last Name

Birthdate (YYYY/MM/DD)

Gender

Male

Female

Other

Unit #

Street Address

City / Town

Province

Postal Code

Phone Number

Email Address

I am Responsible for (Print Name of Applicant)

Relationship to Applicant

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

Signature

Print Full Name

Date (YYYY/MM/DD)

x

SHIPPING ADDRESS (WHERE YOU RECEIVE ZENABIS PRODUCTS)

Name

Unit #

Street Address

City / Town

Province

Postal Code

 Check this box if shipping to a healthcare practitioner Check this box if the address is the same as your primary residence**COMPASSIONATE PRICING PROGRAMS**

Zenabis understands that life comes with many hardships. We are proud to offer discount programs that can relieve some of the financial burden from purchasing medical cannabis.

Please indicate if you are applying for one of the following Compassionate Pricing Programs:

Seniors Pricing Program

Disability Pricing Program

Low-Income Pricing Program

Veterans Pricing Program

- If you have coverage for medical cannabis through the Veterans Affairs Canada (VAC) program, please provide your Medavie Blue Cross insurance number. We will support you with direct billing to VAC on your behalf.
- Medavie Blue Cross insurance number:

Send documents that support your eligibility for the Compassionate Pricing Program, by mail, fax or e-mail to:

Mail: Zenabis Ltd., 12 Comeau Ave, Atholville, NB, E3N 4G2

Fax: 1-855-ZEN-FAX1

Email: patients@zenabis.com

T-SHIRT SIZE

Zenabis will provide a free t-shirt with your first order. Please indicate your t-shirt size if you would like one:

S

M

L

XL

XXL

ACKNOWLEDGEMENT OF APPLICANT OR INDIVIDUAL RESPONSIBLE FOR APPLICANT

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

- The Applicant acknowledges that some of the information provided in this document may be shared with Zenabis and its affiliates, as well as Health Canada, our service providers, Veterans Affairs, and/or insurance providers, as applicable.
- The Applicant gives Zenabis and its affiliates permission to share their ordering information with their prescribing physician and/or the clinic through which they received their consultation.
- The Applicant ordinarily resides in Canada.
- The information in the application, and the medical document or registration certificate, as applicable, is correct and complete.
- The medical document or registration certificate, as applicable, is not being used to seek or obtain medical cannabis products from another source.
- The original of the Medical Document accompanies the application.
- The Applicant will use medical cannabis only for their own medical purposes.
- The Applicant acknowledges that he/she is using medical cannabis at their own risk and that Zenabis is not liable for any damages, loss, or injury whatsoever that results, either directly or indirectly, from the use of medical cannabis.
- By signing this acknowledgment form, the Applicant allows Zenabis to (a) send product and registration information to the physical and email addresses provided therein, and (b) communicate with them via email regarding registration status, product availability, order status, and other matters in accordance with Zenabis' Privacy Policy.
- Applicant consents to Zenabis' collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the Cannabis Act and other applicable legislation (including disclosure of personal information to provincial licensing authorities upon request), and otherwise in accordance with Zenabis' Privacy Policy.
- At any time, the Applicant may access their personal information contained in Zenabis' records and correct such information if necessary, by contacting Zenabis.

I would like to subscribe for updates from Zenabis.

I would like Zenabis to contact me about opportunities to participate in research, including clinical studies, focus groups, and more.

I am a Canadian resident, over the legal age to consume cannabis products, and have read and agree to the above statements.

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

Signature	Print Full Name	Date (YYYY/MM/DD)
x _____	_____	