Delta 9 Bio-Tech

RC Application Form

P.O. Box 68096 Osborne Village
Winnipeg, MB R3L 2V9
info@delta9.ca
Fax: 1-204-975-9396
Phone: 1-855-245-1259

*When registering with Delta 9, using your **Registration Certificate** issued by the Minister under Part 2 of the ACMPR, complete this 2-page application form and return to us by mail, email or fax, along with a **copy of your registration certificate**.*

This application is being made for the purpose of obtaining: Select an option below

○ An interim supply of fresh / dried marihuana or cannabis oil ○ Marihuana plants or seeds ○ Both

Section 1: Applicant Information

________________________ ________________________
First Name Last Name

Date of Birth: Month________ Day________ Year________ Gender: ○ Male ○ Female

________________ ________________ ________________
Home Number Cell Number Fax Number (if applicable)

____
Email Address

Primary Residence Address: ***Do not** put your PO Box Number here** (If this is not a private residence, Section 2 must be completed along with the Shipping/Mailing Address).

________ ________________________________
Unit or Apt # Street Address

________________ ________________ ________________
City Province Postal Code

Mailing Address: If different then primary residence, or you have a PO Box Number, Rural Route Number, General Delivery etc., write it here. Otherwise leave blank.

________ ________________________________
Unit or Apt # Street Address / PO Box Number

________________ ________________ ________________
City Province Postal Code

Shipping Address: (Where your order will be shipped) If different then primary residence or have completed section 2, write it here. Otherwise leave blank.

________ ________________________________
Unit or Apt # Street Address

________________ ________________ ________________
City Province Postal Code

Section 2: Residents of Care Homes, Shelters, Hostels or similar institutions (If no, leave blank.)

________________________ ________________________
Name of Establishment Type of Establishment

________________ ________________ ________________
Phone Number Fax Number Email Address

The Manager of the establishment listed above confirms that the institution provides lodging, food, or other social services to the Applicant.

________________ ________________ ________________
Name of Residence Manager **Signature of Residence Manager** **Date**

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Section 3: Caregiver/Individual Information (Responsible for applicant) If you would like to authorize someone to speak with Delta 9 or place orders on your behalf, please provide that information below.

First Name ______________________ Last Name ______________________

Date of Birth: Month_______ Day_______ Year_______ Gender: ◯ Male ◯ Female ______________________ Phone Number

I agree that I am responsible for the above-named applicant.

Caregiver/Individual Signature ______________________ **Date** ______________________

Section 4: Consent Form

The Applicant and/or Caregiver/Individual must agree and warrants the following:

(1) The Applicant ordinarily resides in Canada.

(2) The information in the application and the registration certificate is correct and complete.

(3) The registration certificate is not being used to seek or obtain fresh or dried marihuana or cannabis oil from another source.

(4) The Applicant will use fresh or dried marihuana or cannabis oil only for their own medical purposes.

(5) The Applicant understands and acknowledges that fresh or dried marihuana or cannabis oil is not approved for use as a drug in Canada and that its safety and risks have not been adequately studied and the appropriate dosage is unclear.

(6) The Applicant acknowledges and agrees that he/she is using any substances obtained from Delta 9 at their own risk, and releases Delta 9 (and its partners, providers, officers, directors and staff) from any and all actions, claims, complaints, and demands for damages, loss or injury whatsoever arising directly or indirectly from the use of medicinal marihuana obtained from Delta 9.

(7) The Applicant consents to Delta 9 collecting and disclosing necessary personal information in order to process this registration and fulfill orders for medicinal marihuana in accordance with Delta 9's privacy policy (www.delta9.ca/privacy_policy.html).

(9) The Applicant consents to the health care practitioner named in their registration certificate disclosing personal health information to Delta 9 for the purposes of complying with the requirements of the Access to Cannabis for Medical Purposes Regulations (ACMPR). The applicant understands and agrees that a copy of this consent & application may be provided to the health care practitioner named on the registration certificate.

By signing below, the Applicant attests that the information contained herein is correct and complete, and agrees to the terms and conditions listed above.

Applicant/Caregiver/Individual Signature ______________________ **Date** ______________________

Please review your application form for completeness, as any errors or incomplete sections will result in us having to refuse your application form. Submit this application form with a copy of your **Registration Certificate** to Delta 9 Bio-Tech by one of the following options:

Mail to:

Delta 9 Bio-Tech LP
PO Box 68096 Osborne Village
Winnipeg, MB R3L 2V9

Email to:

Info@delta9.ca

Fax to:

204-975-9396

Office Use Only:

Client ID# ______ **Unique Identifier** ______ **Date Registered** ______ **Admin. Initials** ______