

Registration/Renewal Form

Thank you for choosing Organigram as your licensed producer of medical cannabis. Before we can place your first order, you will need to complete your application.

To register as a client, you must:

a) Complete and sign **TWO COPIES** of this form, leaving one original copy at your doctor's office so we have your consent to verify your information.

b) Mail the second copy along with your medical document to the following address:

Check box if Certificate of Registration from the minister was submitted in lieu of Medical Document.
- I understand that it is prohibited to seek or obtain fresh or dried marihuana, cannabis oil or marihuana plants or seeds from more than one source at a time on the basis of the same document.

35 English Drive
Moncton, NB
E1E 3X3

c) If you require the use of a caregiver or a health-care practitioner receiving your medicine on your behalf, please complete our supplementary forms available on our website.

Important, by signing below I confirm that the following statements are true:

- In order to complete the registration with Organigram Inc., the applicant (patient) or the caregiver, as applicable, will ensure the applicant's doctor submits an original medical document via secure fax.
- The information contained in the registration document is correct and complete.
- The applicant ordinarily resides in Canada.
- Any cannabis product supply to the applicant (patient) on the basis of this application will be used only for his/her own medical purposes.
- The medical document that forms the basis for the application is not being used to seek or obtain medical cannabis from another source.
- The medical document that forms the basis for the application has not, to the knowledge of the individual signing the statement, been altered.
- I consent to the Health Care Practitioner named in the Medical Document disclosing personal health information to Organigram Inc. for the purposes of complying with Health Canada Legislation, the requirements of the Cannabis Regulations under the Cannabis Act, and any other applicable legislation.
- I understand and agree that Organigram Inc. may collect, use and disclose my personal information in the manner described in its Privacy Policy (organigram.ca/privacy-policy). This includes sharing my information on a confidential basis with service providers only as required for the provision of the service.
- I consent to my personal health information (e.g. a copy of this document) being provided to the Health Care Practitioner named in the Medical Document.
- I consent to the transfer of personal information to third-party US-based services only as required for provision of services, such as to provide patient e-mails ([Sendgrid](#)) and shipping labels ([EasyPost](#)). Please visit the websites directly for more information.

I consent to receiving Organigram news, updates and promotions via the contact information provided in this registration I understand I can withdraw my consent at any time by contacting OGI Client Care at 1-844-644-4726. 35 English Dr. Moncton, NB E1E 3X3.

First Name:	Date of Birth : DD/ MM/ YYYY/
Last Name:	Gender:
Phone:	Email:
Mailing Address:	Shipping Address: (if different from mailing address)

How did you hear about us?
 Online Clinic Friend/Physician: _____ Other: _____

Date: _____ Signature: _____
(Patient)

Signature: _____

(Caregiver, if applicable). If patient signature field is left blank, caregiver attests that s/he is the patient's substitute decision maker.