



Account Update Request Form

Thank you for choosing Organigram as your licensed medical cannabis provider. In order to process any updates to your personal information, please ensure to fill in full the Account Update Request Form and resend to Organigram.

I would like to confirm my request to amend my current information from my Registration Form:

- Email Address
- Mailing Address
- Shipping Address
- Phone

Organigram, Inc.
35 English Dr.
Moncton, NB
E1E3X3

Toll-free: 1-844-644-4726

Fax: 1-855-267-1386

Important: please read and sign below.

- I request a change to my current personal information to be updated with the changes filled from this form.
- The information contained in the account update Request Form is correct and complete.
- The applicant is ordinarily a resident of Canada.

Full Name _____

Email Address _____

Mailing Address _____

Shipping Address (if different from above)

Phone _____

Date of Birth (dd/mm/yyyy) _____

Gender: M F

Signature of Patient: _____ Date: _____

If you have any questions or concerns, please call us at 1-844-644-4726 or email info@organigram.ca

*Caregiver Registration Form is available on our website (<https://www.organigram.ca/caregiver-form/>)