

Registration Form—Registration Certificate (RC)

Complete this form to register as a customer if you have received a Registration Certificate from Health Canada for the purchase of cannabis plants or seeds.

Please send BOTH the Registration Form and Registration Certificate to us.

Instructions

A. Complete Registration Form

- | | |
|---|---|
| 1. Secure ePortal fax line
1-888-977-2595 | 4. Regular mail
ATTN: Customer Care
1 Hershey Drive
Smiths Falls, ON
K7A 0A8 |
| 2. Email
Care@SpectrumTherapeutics.com | |
| 3. Online
SpectrumTherapeutics.com | |

Have questions?

To reach our care team, and/or for help filling out this registration form, contact us by telephone at **1-855-558-9333** or by email at Care@SpectrumTherapeutics.com.

1. Customer information

First name _____ Last name _____ Date of birth _____ DD/MM/YY

Email _____ Telephone _____

Gender Male Female Prefer not to say Custom _____**2. Residence address**

Address _____

City _____ Province _____ Postal code _____

Please indicate if the address above is

 A private residence (*i.e., a house, apartment, condo, a retirement home, etc.*) An establishment (*i.e., a long-term care facility, a shelter, etc.*)**This section to be completed ONLY if the establishment is not a permanent address. This section to be completed by the establishment manager.**

Name of establishment _____

Type of establishment _____

Certification by establishment *I hereby certify that I am a manager of the above-listed establishment and that we provide food, lodging or other social services to the patient listed above.*

Signature _____ Name _____ (Printed) _____ Title _____

Email _____ Telephone _____ Date _____

3. Only complete the section below if you are applying on the basis of a registration certificate issued by the minister.

Please indicate whether the application is being made for the purpose of obtaining:

 (a) an interim supply of cannabis products as specified on your registration certificate (b) cannabis plants and or seeds; or (c) the substances referred to in clauses (a) and (b).**4. Where will we be shipping your medical cannabis?** Residence/ mail address
If you are obtaining products other than plants or seeds you can only have them sent to your residence/ mailing address To designated person named on the registration certificate The site for the production of cannabis**ONLY complete this section if you selected 'To designated person named on the registration certificate' or 'The site for the production of cannabis'**Address _____ Care of (*if applicable*) _____

City _____ Province _____ Postal code _____

5. Individual responsible for the applicant

Only complete this section below if you are an Individual Responsible for the Applicant applying on behalf of the patient. Please provide your information.

Primary individual responsible for the applicant:

First name _____ Last name _____ Date of birth _____ DD/MM/YY

Relationship _____ Email _____ Telephone _____

Secondary individual responsible for the applicant (*if applicable*):

First name _____ Last name _____ Date of birth _____ DD/MM/YY

Relationship _____ Email _____ Telephone _____

6. Authorization

We need you to sign here certifying that:

- (a) the applicant ordinarily resides in Canada,
- (b) the information in the application is correct and complete,
- (c) in the case where the applicant is signing the statement, they intend to use any cannabis product that is supplied to them on the basis of the application only for their own medical purposes, and
- (d) the copy of the registration certificate is an accurate reproduction of the original,
- (e) if the application is being made to obtain cannabis products other than cannabis plants or cannabis plant seeds, the registration certificate is not being used to seek or obtain the cannabis products from another source,
- (f) in the case where an adult who is named in the registration certificate is signing the statement, they are responsible for the applicant.

Signature _____ Name _____ (Printed) _____ Date _____ DD/MM/YY _____

You acknowledge you will be a registered customer of Tweed Inc., a Licensed Producer under the *Cannabis Act* and its accompanying Regulations (the "Act"). You also acknowledge that you have read and agree to the Spectrum Therapeutics Terms of Service and Privacy Policy, available at SpectrumTherapeutics.com. You further acknowledge that medical cannabis is not approved for use as a drug in Canada, that its indications, safety and risks have not been adequately studied and the appropriate dosage is unclear. You acknowledge and agree that you are using any medical cannabis product obtained from Spectrum Therapeutics at your own risk, and release Spectrum Therapeutics from any and all actions, claims, complaints and demands for damages, loss, liability or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis obtained from Spectrum Therapeutics. Spectrum Therapeutics 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. That said, Spectrum Therapeutics takes its product quality very seriously, as well as its obligations under the *Cannabis Act* to investigate all customer complaints. If at any time you have an issue with your Spectrum Therapeutics medicine, we encourage you to get in touch with us.

By signing this Registration Form (RC), you give us permission to send medical cannabis and your registration information to the shipping address provided. You also give us permission to communicate with you at your listed email address so that we can provide you with information related to your account and purchases. If you do not provide an email address, please indicate your preferred method of contact below.

Please indicate if we may also contact you:

- by phone
- by mail at your residential address
- by mail at your mailing address (if applicable)

Indicate if we may also email you regarding product availability or to provide other updates containing information and exclusive offers with respect to products and services, special events and store promotions:

- Yes No

7. Compassionate pricing promise

We offer customers a Compassionate Pricing Promise to help ensure that those in need can better afford their medicine. Eligibility terms can be found on our website. If you would like to apply for this Program, please check the box below and make sure to provide supporting documentation. You must include proof that you receive income support from an eligible provincial or federal program or meet the low-income threshold for Compassionate Pricing.

- I have included proof that I receive income support from an eligible provincial or federal program or meet the low-income threshold for Compassionate Pricing.

8. Direct billing for Canadian Forces veterans

In order for us to bill Veterans Affairs Canada directly for the cost of your medicine, we require the following information*:

- (a) your doctor MUST provide a diagnosis on your Medical Document;
- (b) your Veterans Affairs Canada Health Benefit Card number _____;
- (c) a completed Veterans Affairs Canada Consent to Disclose form (available on our website).

I hereby acknowledge and agree, that in connection with my acceptance of the Veterans' pre-approval coverage, I have not previously registered for coverage with another licensed producer, and that Spectrum Cannabis will submit the payment request to Veterans Affairs Canada on my behalf.

Initial here

