



RENEWAL VERIFICATION FORM

To be completed by the CSR

PLEASE NOTE: All fields on this form are mandatory. The information provided on this form must match the Medical Document form. Incomplete forms will result in a delay of registration. Complete registration forms may be submitted by mail, email, or fax. The Medical Document will only be accepted in ORIGINAL FORM only.

CLIENT INFORMATION

Client's ID No. / /
D.O.B. (DD/MM/YYYY)

Given First Name Surname

Phone Email

Mailing Address Unit No. (if applicable) Buzzer Code (if applicable)

City Province Postal Code

Shipping Address Unit No. (if applicable) Buzzer Code (if applicable)

City Province Postal Code
Shipping address is the same as mailing address

To be read out to customer:

1. You reside in Canada
2. The information in this Customer Registration Form and the accompanying Medical Document is correct and complete and to the knowledge of the individual signing, the information has not been altered.
3. The Medical Document is not being used to seek or obtain medical cannabis from another source.
4. 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.
5. The original Medical Document is provided to support this Customer Registration Form.
6. Medical cannabis is not approved for use as a pharmaceutical drug in Canada. You are using medical cannabis obtained from FV Pharma at your own risk. You hereby release FV Pharma and its related entities from any, and all actions, claims, complaints, demands, for damages, personal losses, and/or injuries arising directly and indirectly from the use of medical cannabis obtained from FV Pharma.
7. In the case where an alternate adult who is named in the registration certificate is signing the statement, they are responsible for the applicant.

CSR Name:

CSR Signature

Date (DD/MM/YYYY)