YOUR REGISTRATION FORM

Tweed MAIN STREET

Thank you for choosing Tweed as your trusted source for medical cannabis. Through Tweed Main Street, we provide you with access to an array of products produced by a family of Licensed Producers including Tweed, Spectrum Cannabis, Bedrocan, and other legal, regulated producers. Our team will do everything we can to make your experience memorable for all the right reasons.

INSTRUCTIONS

To register as a customer for the purchase of medical cannabis, you must complete and sign this Registration Form and send it to us by any of the following:

SECURE EPORTAL FAX
888-977-2595

EMAIL
hi@tweedmainstreet.com

ONLINE
tweedmainstreet.com/account/register

REGULAR MAIL
ATTN: Tweed Main Street Care Centre
1 Hershey Drive
Smiths Falls, ON
K7A 0A8

If you have any problems completing the application, give us a call and we will happily walk through each step of the application with you.

Your healthcare practitioner can also send us your Registration Form by Secure Fax along with your Medical Document.

To complete your registration, we'll also need the original version of your Medical Document, completed by your healthcare practitioner. We can accept this document by fax only, directly from your doctor's office. Otherwise, you or your doctor will need to mail us the original paper version. If you need assistance with this, we'll be pleased to arrange for the collection of your forms and/or to provide you with a self-addressed, prepaid envelope upon request.

Thanks again for choosing us for your medical cannabis needs.

Your Registration Form

1. ARE YOU APPLYING DIRECTLY FOR MEDICAL CANNABIS OR ARE YOU A CAREGIVER APPLYING ON BEHALF OF SOMEBODY ELSE?

I am applying for myself

I am a substitute decision maker* applying for the Applicant. I represent and warrant that I meet all of the requirements to be the decision maker under the applicable legislation for the Applicant listed below.

Applicant Name

PREFERRED LANGUAGE FOR CORRESPONDANCE: English French

2. THE "APPLICANT" IS THE PERSON WHO THE MEDICAL CANNABIS IS FOR. IF YOU ARE APPLYING FOR YOURSELF, THEN THAT IS YOU. IF YOU ARE A SUBSTITUTE DECISION MAKER, IT IS THE PERSON YOU ARE APPLYING FOR. PLEASE PROVIDE THE APPLICANT'S INFORMATION.

First Name: Last Name: Gender: Birthdate: DD/MONTH/YY

Residence Address: City:

Province: Postal Code:

Telephone No.: Fax No.:

Email:

Mailing Address: *IF DIFFERENT FROM RESIDENCE ADDRESS* City:

Province: Postal Code:

3. PLEASE INDICATE IF THE RESIDENCE ADDRESS ABOVE IS:

A private residence *(i.e., a house, apartment, condo, etc.)*

An establishment *(i.e., a long-term care facility, a shelter, etc.)*

ONLY COMPLETE THIS SECTION IF YOU SELECTED "AN ESTABLISHMENT".

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 Applicant listed above.

Signature: Name *(Printed)*: Date: DD/MONTH/YY

4. WHERE WILL WE BE SHIPPING YOUR MEDICAL CANNABIS?

To Residence Address

To Mailing Address
(Can only be selected if this is your primary address for Canada Post)

To my Healthcare Provider
(Note: you will need your Healthcare Provider's permission)

ONLY COMPLETE THIS SECTION IF YOU SELECTED "TO MY HEALTHCARE PROVIDER"

Healthcare Provider's Name:

Address: City:

Province: Postal Code:

Telephone No.: Fax No.:

CERTIFICATION BY HEALTHCARE PROVIDER *I hereby consent to receive cannabis products on behalf of the Applicant listed above.*

Signature: Name *(Printed)*: Date: DD/MONTH/YY

**A substitute decision maker is a person authorized to consent, on behalf of an individual, to disclose personal health information about the individual under PHIPA or the applicable health information legislation in the jurisdiction in which the applicant resides.*

Your Registration Form

5. ONLY COMPLETE THE SECTION BELOW IF YOU ARE A SUBSTITUTE DECISION MAKER APPLYING ON BEHALF OF THE APPLICANT. PLEASE PROVIDE YOUR INFORMATION:

First Name: Last Name: Birthdate: DD/MONTH/YY

Relationship: Email: Telephone No.:

6. ONLY COMPLETE THE SECTION BELOW IF YOU ARE APPLYING ON THE BASIS OF A REGISTRATION CERTIFICATE ISSUED BY THE MINISTER.

The address of the site for the production of the cannabis plants as specified in your Registration Certificate; or

The address of the site for the storage of cannabis as specified in your Registration Certificate.

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

(A) an interim supply of fresh or dried marihuana or cannabis oil,

(B) marihuana plants or seeds, or

(C) the substances referred to in clauses (A) and (B).

7. THAT'S IT. WHETHER YOU ARE THE APPLICANT OR THE SUBSTITUTE DECISION MAKER,

WE REALLY NEED YOU TO SIGN HERE CERTIFYING THAT:

a) The Applicant is ordinarily resident in Canada;
b) The information in this application and the accompanying Medical Documentation and/or Registration Certificate is accurate and complete;
c) The Medical Documentation and/or Registration Certificate is not being used to seek or obtain cannabis products from another source;
d) The valid Medical Document and/or Registration Certificate accompanies this application; and
e) The Applicant will use cannabis products only for their own medical purposes.

Signature: Name *(Printed)*: Date:

8. THE SMALL PRINT *The Applicant acknowledges that he/she has read and agrees to Tweed's Terms of Service and Privacy Policy, available at tweedmainstreet.com. The Applicant further acknowledges 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. The applicant acknowledges and agrees that he or she is using any medical cannabis product obtained from Tweed at his or her own risk, and releases Tweed 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 Tweed. Tweed 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, Tweed takes its product quality very seriously, as well as its obligations under the ACMPR to investigate all customer complaints. If at any time you have an issue with your Tweed medicine, we encourage you to get in touch with us.*

9. INTERACTING WITH US By signing this Registration Form, 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, we will be happy to assist you with placing an order over the phone.

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: Yes No

10. COMPASSIONATE PRICING PROMISE We offer customers a Compassionate Pricing Promise to help ensure those in need can better afford their medicine. Eligibility terms can be found on our website or within your Information Package. If you would like to apply for this Program, please check the box below and make sure to provide supporting documentation.

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.

11. 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 Veteran's 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 Tweed will submit the payment request to Veterans Affairs Canada on my behalf.

Initial here

*** Direct billing is subject to approval by Veterans Affairs Canada*