

## REGISTRATION FORM B – APPLICANTS IN AN INSTITUTION OR LONG-TERM CARE FACILITY

**Note:** To complete your application, an original medical document is also required.

1. Complete and sign document
2. Submit to kolabcare@kolabproject.com

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### PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender  Male  Female  Other  
Native Status  Yes  No VAC Number \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

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### ESTABLISHMENT INFORMATION

Establishment Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Manager \_\_\_\_\_  
Phone (if applicable) \_\_\_\_\_ Fax (if applicable) \_\_\_\_\_  
Email Address (if applicable) \_\_\_\_\_

I, \_\_\_\_\_ agree to accept delivery on behalf of applicant and confirm this institution provides food, lodging and other social services to the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### ACKNOWLEDGEMENT

The applicant acknowledges the following:

- The applicant is ordinarily a resident of Canada.
- A valid, original medical document accompanies this application, or will be forwarded once received.
- The information in this application and in the medical document is correct and complete.
- The medical document is not being used to acquire cannabis product from another source.
- The applicant will use cannabis product only for their own medical purposes.
- The caregiver acknowledges that they are responsible for the client (if applicable).

The applicant acknowledges that Kolab Project may share the applicant's personal information with our employees, contractors, consultants, affiliates, and other parties who require such information to assist us with managing our relationship with you, including, for example, any third party subcontractors that we may engage from time to time to fulfill your orders with us. Please contact our Privacy Officer at info@kolabproject.com (attention: Privacy Officer) with any questions that you may have. Our privacy policy can be accessed at: [www.kolabproject.com/pages/privacy](http://www.kolabproject.com/pages/privacy)

Applicant Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Caregiver Signature (if applicable) \_\_\_\_\_  
Date \_\_\_\_\_

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