







Register by:

-  1-833-300-AQUA (2782),
-  1-855-750-1884,
-  Aqualitas Inc. Client Care PO Box 310, Brooklyn, NS B0J 1H0
-  Or clientsupport@aqualitas.ca

Application to be an Aqualitas Client

Client Information

All fields required unless otherwise noted. This form must be filled out by the client (if you are applying on your own behalf) or a caregiver (i.e. an individual responsible for the client) applying on behalf of the client. Responsible Adults must also complete the Responsible Adult information form.

Client Name

First Name

Last Name

Date of Birth

*If applicant is under the age of majority, please fill out the last page to indicate a Responsible Adult.

Email

Required for Aqualitas online ordering

Residence Address*

Address

City

Province

Postal Code

*If the residence address above is not for a private residence, please indicate the following:

Name of Establishment

Type of Establishment

Phone / Fax

Telephone

Fax (If Applicable)

Mailing Address

(If different from above residence address)

Address

City

Province

Postal Code

NOTE, WE CANNOT DELIVER TO A POST OFFICE BOX

If you would like Aqualitas to ship product to an address other than the Residence Address provided above, please check the option that applies:

Ship to Mailing Address above

Ship to health care practitioner's address*

*Health Care Practitioner must consent to receive product by filling out Health Care Practitioner Information form.

The client and the Responsible Adult for the client (if applicable) must agree to the following:

Important, please read and sign below.

- The information contained in this registration application and the medical document, or registration certificate as applicable, is correct and complete;
- The applicant (client) is ordinarily a resident in Canada;
- The medical document, or registration certificate as applicable, used for this application is not being used to seek or obtain cannabis from another source;
- The original of the medical document is provided in support of this application;
- The applicant (client) will use dried cannabis only for their own medical purposes;
- The indications, safety and risks of cannabis use have not been adequately studied and the appropriate dosage is unclear. Client and caregiver (if applicable) acknowledge(s) that any medical cannabis product obtained from Aqualitas is used so at their own risk and release(s) Aqualitas, along with its affiliates, partners, providers, directors, officers and employees from any and all actions, claims, complaints, and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence of the use of medical cannabis products;
- Client and Responsible Adult (if applicable) consent(s) to the health care practitioner named in their document disclosing required personal information to Aqualitas for the purposes of complying with the requirements of the *Cannabis Act* and *Regulations*. Client and caregiver (if applicable) understand(s) and agree(s) that a copy of this consent and registration application, as well as information about the client's registration status and usage patterns may be provided to the health care practitioner named in their medical document;
- Client and Responsible Adult (if applicable) consent (s) to Aqualitas' collection, use and disclosure of necessary personal information in order to process this registration, to provide products or services, to comply with the *Cannabis Act* and *Regulations* (including disclosure of personal information to provincial licensing authorities upon request), and otherwise in accordance with Aqualitas' Privacy Policy (<https://aqualitas.ca/en/privacy-policy-3/>).
- By signing this registration form, client and Responsible Adult (if applicable) allow(s) Aqualitas to (a) send product and registration information to the physical and email addresses provided therein, and (b) communicate with them via email regarding registration status, product availability, order status, and other matters in accordance with Aqualitas' Privacy Policy (<https://aqualitas.ca/en/privacy-policy-3/>).

Signature

Signature of Client

Date

If there is a Responsible Adult, both client and Responsible Adult must sign this form unless the caregiver is the client's substitute decision maker (or equivalent) under applicable provincial law. **If the client does not sign, the Responsible Adult, by signing below, attests that they are the client's substitute decision maker (or equivalent) under applicable provincial law.**

Signature

Signature of Responsible Adult (if applicable)

Date

Note, if you cannot print this form, you can create a digital signature. Click the "Signature" box. Click "Configure Digital ID". Create a new ID or use one you have already created. Save it to your computer or online, and password protect it. Don't forget your password!.



Veterans Affairs Canada

If you are a Canadian Veteran, we need you to fill out the information below to properly submit your request for authorization.

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For veteran clients: Would you like Aqualitas to seek approval from Veterans Affairs Canada (VAC) for medical cannabis reimbursement coverage on your behalf?

Yes

No

Has the client registered as a VAC patient with another Licensed Producer?

Yes

No

Condition/Ailment

VAC requires Aqualitas to report the specific condition on which your coverage is based.

VAC K Number

Provide your VAC K number if you know it.

I have selected Aqualitas to seek approval from Veterans Affairs Canada (VAC) for reimbursement, and authorize them to send the VAC a complete copy of the application and to bill the VAC directly for the cost of the client's medical cannabis.

IMPORTANT: Aqualitas does not guarantee VAC approval. Once your Aqualitas application is approved, and until VAC approves your account, Aqualitas will cover the costs of your first month's supply of medicinal cannabis. Products other than medicinal cannabis are not eligible for VAC reimbursement and you will be responsible for payment for such items.

Signature

Client Signature

Date



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Responsible Adult Information (if applicable)

Responsible Adult **must** fill out this section.

Responsible Adult Name

First Name

Last Name

Date of Birth

Contact Information

Telephone

Email: required for Aqualitas online ordering

I,

Name of Responsible Adult

am responsible for

Client's Name

Signature

Signature of Responsible Adult

Date



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Health Care Practitioner Information

Must be completed by Health Care Practitioner who provided the medical document if they consent to receiving cannabis on behalf of the patient.

Health Care Practitioner's Title / Name

Title

First Name

Last Name

Shipping Address

Where you would like your product to arrive, if different from business address or consultation address provided on medical document.

Same as Business Address provided on medical document

Same as Consultation Address provided on medical document

Other, please provide below:

Address

City

Province

Postal Code

I,	consent to receive cannabis on behalf of	
Health Care Practitioner's Name	Client's Name	
Signature	Signature of Health Care Practitioner	Date

Notice to the Health Care Practitioner:

Withdrawal of consent by the Health Care Practitioner:

If the health care practitioner ceases to consent and receive cannabis for the client, the practitioner must send a written notice to that effect to the client and to Aqualitas.