

Application to Become an ECO Client



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

Date of Birth

First Name

Last Name

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

Email

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

If you would like ECO 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 ECO is used so at their own risk and release(s) ECO, 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 ECO 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 ECO's 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 ECO Privacy Policy (<https://ecocanadianorganic.com>) By signing this registration form, client and Responsible Adult (if applicable) allow(s) ECO 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 ECO's Privacy Policy (<https://ecocanadianorganic.com>)

Signature	<input type="text"/>	<input type="text"/>
	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	<input type="text"/>	<input type="text"/>
	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.

For veteran clients: Would you like ECO 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 ECO 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 ECO 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: ECO does not guarantee VAC approval. Once your ECO application is approved, and until VAC approves your account, ECO will cover the costs of your first month's supply of medicinal cannabis.

Signature

Client Signature

Date



Responsible Adult Information (if applicable)

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

Responsible Adult Name	<input type="text"/>	<input type="text"/>
	First Name	Last Name
Date of Birth	<input type="text"/>	
Contact Information	<input type="text"/>	<input type="text"/>
	Telephone	Email: required for ECO online ordering

I,	<input type="text"/>	
	Name of Responsible Adult	
am responsible for	<input type="text"/>	
	Client's Name	
Signature	<input type="text"/>	<input type="text"/>
	Signature of Responsible Adult	Date



Health Care Practitioner Information

info@ecocanadianorganic.com

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

Signature	I, <input type="text"/>	consent to receive cannabis on behalf of	<input type="text"/>
	<input type="text"/>	Health Care Practitioner's Name	Client's Name
	<input type="text"/>	Signature of Health Care Practitioner	<input type="text"/>
			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 ECO.