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# Your Registration Form

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Thank you for choosing Bonify. We look forward to building a strong, long lasting relationship with you.

## *Instructions for Getting Started*

To Register and become a Bonify Member to purchase medical cannabis, please complete and sign all the pertinent fields on this Registration Form or the Registration Form provided by your Health Care Practitioner:

And **send your completed Registration Form** to us at:

**By Mail:**  
422 Jarvis Avenue  
Winnipeg, Manitoba  
R2W 3A6  
ATTN: Bonify Customer Care

**OR By Secure Fax:**  
204.582.9630  
ATTN: Bonify Customer Care

**OR By Email:**  
customer@bonify.com

*Note: If you are registered with Health Canada under Part 2 of the Access to Cannabis for Medical Purpose Regulations (ACMPR), please also send us a copy of the Registration Certificate issued by Health Canada via mail, secure fax, or email to the addresses identified above.*

## *Need Help?*

If you need any help completing this form, please feel free to contact our Customer Care Team at 1.844.586.3556.

We are more than happy to support you through this journey, every step of the way.

## *Thank You*

Thanks again for choosing Bonify, where it all starts with good!

# Bonify Registration Form



## Who Are You?

I Am Applying For Myself     I Am a Caregiver     I Am a Health Care Practitioner

## Applicant Information

The "Applicant" is the person whom the medical cannabis is for:

Name: (please print) \_\_\_\_\_  
Last Name First Name

Date of Birth: (YYY/MM/DD) \_\_\_\_\_ Gender Male  Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the Applicant a Veteran? No  Yes  K-Number: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

**\*Only complete this section if mailing address is different from residence address**

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

**\*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.)

**\*If you selected "An Establishment"**

Name of Establishment: \_\_\_\_\_ Type of Establishment: \_\_\_\_\_

Physical Address of Establishment: Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certification by Establishment:** I hereby certify that I am a manager of the above listed establishment and that we provide food, lodging, and other social services to the applicant listed above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (YYY/MM/DD) \_\_\_\_\_  
Please Print

**To what address will Bonify be shipping the medical cannabis?**

To Residence Address     To Mailing Address     To My Health Care Practitioner's Address  
(Note to Applicants: Your Health Care Practitioner must provide their written consent to receive the medical cannabis on the Medical Document)

# Bonify Registration Form



**\*Only complete this section if you selected "I Am a Caregiver"**

Name: (please print) \_\_\_\_\_  
Last Name First Name

Date of Birth: (YYY/MM/DD) \_\_\_\_\_ Gender Male  Female

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certification By Substitute Decision Maker** – I certify that I am responsible for the Applicant listed above

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (YYY/MM/DD) \_\_\_\_\_  
Please Print

\*A Caregiver 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.

**\*Only complete this section if you selected "I Am a Health Care Practitioner"**

Health Care Practitioner's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**\*Only complete this section if the application is made on the basis of a Registration Certificate (and please remember to send us a copy of your Registration Certificate)**

The application is being made for the purpose of obtaining:

- an interim supply of fresh or dried cannabis or cannabis oil
- cannabis plants or seeds
- any form of cannabis derived goods other than the above options

The shipping address for cannabis plants or seeds: Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The above shipping address is:

- the site for the production of cannabis plants
- the site for the storage of cannabis

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## Terms & Conditions

The Applicant acknowledges and agrees that he/she agrees to Bonify's Terms of Service and Privacy Policy, available at [www.bonify.com](http://www.bonify.com). The Applicant understands Pursuant to Health Canada's regulations, if, after becoming a registered Bonify client, his/her Registration is cancelled, his/her Medical Document will not be returned. The indications, safety and risks of dried medical cannabis have not been adequately studied and the appropriate dosage is unclear. The Applicant acknowledges that using any medical cannabis product obtained from Bonify is done so at the Applicant's own risk, and releases Bonify 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 Bonify.

The Applicant consents to the Health Care Practitioner named in this document disclosing required personal health information to Bonify for the purposes of (i) complying with the requirements of the Access to Cannabis for Medical Purposes Regulation (ACMPR) and (ii) in order to provide the Applicant with products or services in accordance with Bonify's privacy policy (<https://www.Bonify.com/PrivacyPolicy>). The Applicant understands and agrees that a copy of this Consent & Registration Form may be provided to the Health Care Practitioner named herein; and

The Applicant consents to receive invitations from Bonify to participate in general market research projects relating to the Applicant's use of Bonify's products or services, which may be conducted by Bonify or by third parties. This market research may be directed to improving Bonify's service. Participation in any such research project will be entirely voluntary and the Applicant's personal information will not be used or disclosed in any such market research project without the Applicant's express consent. The Applicant may withdraw consent to receive such invitations at any time by contacting us by email at [privacy@Bonify.com](mailto:privacy@Bonify.com), by mail at 422 Jarvis Avenue, Winnipeg MB R2W 3A6, or by telephone at 1-844-586-3556.

**Interacting with Bonify:** *By signing this Registration Form, you give Bonify authorization to send medical cannabis and your Welcome Kit to the shipping address provided. You also give Bonify permission to communicate with you at your listed phone number and/or email address.*

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## Authorization

- 1) The Applicant normally resides in Canada;
- 2) The Medical Document or Registration Certificate is not being used to seek or obtain fresh or dried cannabis, or cannabis oil from another source;
- 3) The original Medical Document or copy of Registration Certificate accompanies this Registration Form;
- 4) The Applicant will use fresh or dried cannabis or cannabis oil only for their own medical purposes;
- 5) The information in this Registration Form and the accompanying Medical Document or Registration Certificate is accurate and complete.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: (YYY/MM/DD) \_\_\_\_\_  
Please Print