

Name of Applicant: _____ SURNAME, GIVEN NAME

Date of Birth of Applicant: _____ YYYY/MM/DD

Assisted Living Information

To be filled out if the applicant's ordinary place of residence is an establishment in Canada such as a shelter, hostel, nursing home or other type of institution that provides care/social services to the applicant.

Name of Establishment: _____

Type of Establishment: Hospital Hostel Nursing home
 Shelter Other (describe): _____

Address: _____ Apt./Suite Number: _____
(of establishment)

City: _____ Province: _____ Postal Code: _____

Manager's Name: _____ SURNAME, GIVEN NAME

Phone Number: _____

Alternate Phone Number: _____

Email: _____ Fax Number: _____

I agree to receive HEXO's newsletter containing news, updates and promotions regarding HEXO's products. You can withdraw your consent at any time.

Physical Address in Canada (Where the applicant ordinarily resides)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Leave blank if same as physical address

Mailing Address

(Where correspondence will be sent)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

Leave blank if same as physical address

Shipping Address

(Where the product will be shipped)

Address: _____ Apt./Suite Number: _____

City: _____ Province: _____ Postal Code: _____

I _____ FULL NAME, POSITION attest that _____ NAME OF ESTABLISHMENT

provides food, lodging, or other social services to _____ PATIENTS NAME

Manager's Signature _____ Date: _____ YYYY/MM/DD

