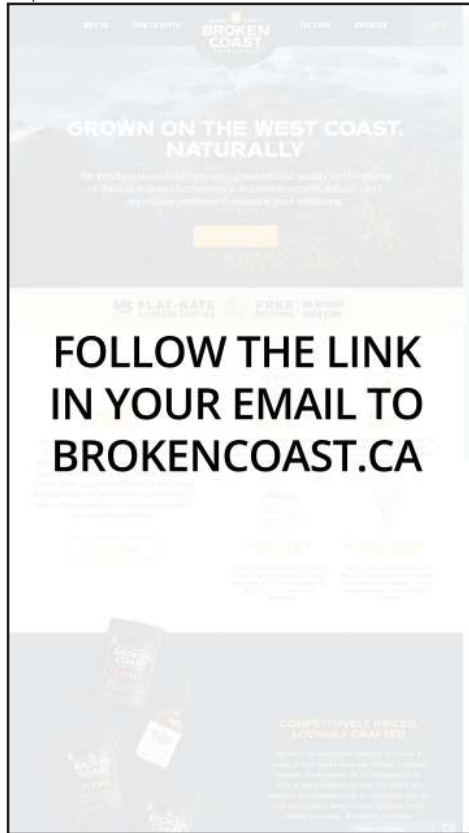


# Broken Coast Registration Walkthrough

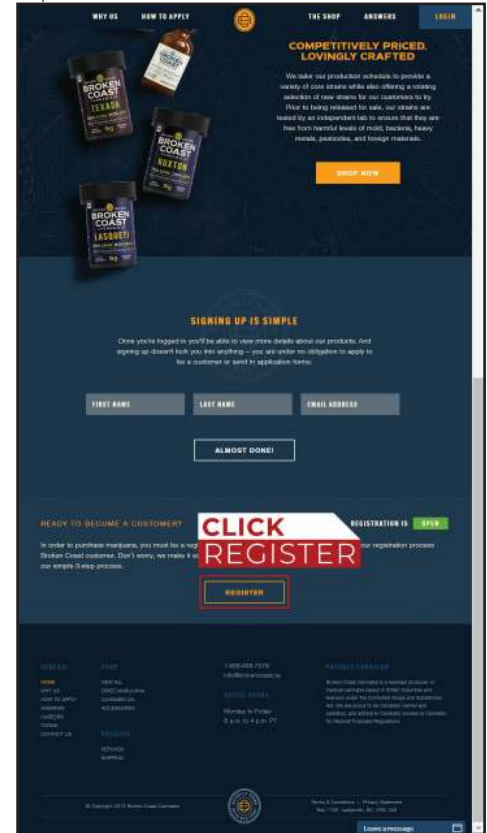
Step 1



Step 2

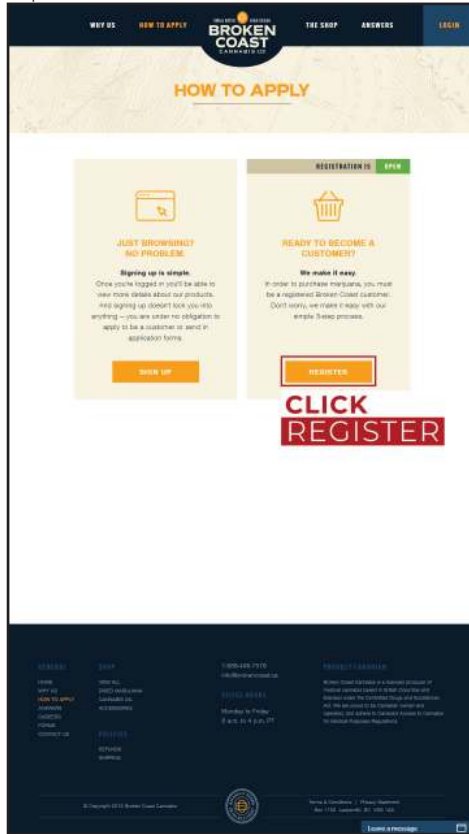


Step 3



# Broken Coast Registration Walkthrough

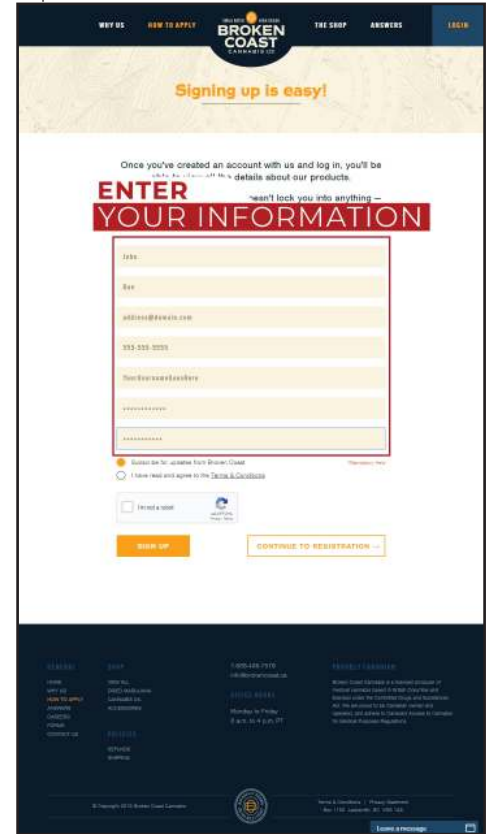
Step 4



Step 5



Step 6



# Broken Coast Registration Walkthrough

Step 7

WHY US HOW TO APPLY THE SHOP ANSWERS LOGIN

## Signing up is easy!

Once you've created an account with us and log in, you'll be able to view all the details about our products.

And don't worry, signing up doesn't lock you into anything – you are under no obligation to apply to be a customer or send in application forms.

First Name  
Last Name  
Email  
Phone Number  
Home/Work/Cellphone

I read a statement

**ACCEPT CONSENT**

JOIN US CONTINUE TO REGISTRATION

Step 8

WHY US HOW TO APPLY THE SHOP ANSWERS LOGIN

## Signing up is easy!

Once you've created an account with us and log in, you'll be able to view all the details about our products.

And don't worry, signing up doesn't lock you into anything – you are under no obligation to apply to be a customer or send in application forms.

First Name  
Last Name  
Email  
Phone Number  
Home/Work/Cellphone

I read a statement

**CLICK CONTINUE**

JOIN US CONTINUE TO REGISTRATION

Step 9

WHY US HOW TO APPLY THE SHOP ANSWERS LOG OUT

## Ready to become a client?

1 2 3

Now that you've created your account, just complete this registration form online or download a copy to print and fill out.

REGISTER ONLINE DOWNLOAD

**CLICK REGISTER**

NEXT

# Broken Coast Registration Walkthrough

Step 10

**FORM A**  
**Client Registration**  
For applicants with a permanent address

**APPLICANT INFORMATION**  
The personal information provided on this form must match the information that appears on your Supporting Document.

First Name\*  Last Name\*   
John  Doe   
Phone   
(001) 555-5555    
Email\*   
address@domain.com   
Birth Date\*  Gender\*   
2000-01-01  M  F  X

**Residential Address**  
Address\*   
123 Fake Street   
Residence address (or PO box)   
City\*  Province\*  Postal Code\*   
Atlanta  Alberta  XXX 1Y8   
Is the address above a private residence?  Yes  No

**CONTACT INFORMATION**  
Where will your product be shipped?  Residential address from above (no home delivery)  Different mailing address (the pickup at post office or mail agent - must be associated with your residential address)

**VEHICLE STATUS/INSURANCE**  
Are you eligible for coverage through insurers/Affiliates?  Yes  No

**ENTER YOUR INFORMATION**

- The applicant gives Broken Coast permission to share their underlying information with their presenting provider and/or the clinic through which they received their consultation.
- The applicant authorizes medical services.
- The information in the application and the Supporting Document is correct and complete.
- The Supporting Document is not being used to seek or obtain direct or third insurance or coverage at their another source.
- For applicants applying using a Registration Certificate: The application is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- For applicants applying using a Medical Document: The applicant is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- The applicant will use their methods or services in only for their own medical purposes.

Signature\*  Date: 2020-05-01

2000-01-01 2000-00-01-01

Step 11

**FORM A**  
**Client Registration**  
For applicants with a permanent address

**APPLICANT INFORMATION**  
The personal information provided on this form must match the information that appears on your Supporting Document.

First Name\*  Last Name\*   
John  Doe   
Phone   
(001) 555-5555    
Email\*   
address@domain.com   
Birth Date\*  Gender\*   
2000-01-01  M  F  X

**Residential Address**  
Address\*   
123 Fake Street   
Residence address (or PO box)   
City\*  Province\*  Postal Code\*   
Atlanta  Alberta  XXX 1Y8   
Is the address above a private residence?  Yes  No

**CONTACT INFORMATION**  
Where will your product be shipped?  Residential address from above (no home delivery)  Different mailing address (the pickup at post office or mail agent - must be associated with your residential address)

**VEHICLE STATUS/INSURANCE**  
Are you eligible for coverage through insurers/Affiliates?  Yes  No

**ACKNOWLEDGEMENT OF APPLICANT**  
Supporting Document refers to either a signed Medical Document or a Registration Certificate issued by Health Canada.

- The applicant acknowledges that some of the information provided in this document may be shared with Health Canada, its service providers, Veterans Affairs, and/or insurance providers, as applicable, solely for the purposes of providing service support.
- The applicant gives Broken Coast permission to share their underlying information with their presenting provider and/or the clinic through which they received their consultation.
- The applicant authorizes medical services.
- The information in the application and the Supporting Document is correct and complete.
- The Supporting Document is not being used to seek or obtain direct or third insurance or coverage at their another source.
- For applicants applying using a Registration Certificate: The application is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- The application is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- The applicant will use their methods or services in only for their own medical purposes.

**ENTER SIGNATURE**

Signature\*  Date: 2020-05-01

2000-01-01 2000-00-01-01

Step 12

**FORM A**  
**Client Registration**  
For applicants with a permanent address

**APPLICANT INFORMATION**  
The personal information provided on this form must match the information that appears on your Supporting Document.

First Name\*  Last Name\*   
John  Doe   
Phone   
(001) 555-5555    
Email\*   
address@domain.com   
Birth Date\*  Gender\*   
2000-01-01  M  F  X

**Residential Address**  
Address\*   
123 Fake Street   
Residence address (or PO box)   
City\*  Province\*  Postal Code\*   
Atlanta  Alberta  XXX 1Y8   
Is the address above a private residence?  Yes  No

**CONTACT INFORMATION**  
Where will your product be shipped?  Residential address from above (no home delivery)  Different mailing address (the pickup at post office or mail agent - must be associated with your residential address)

**VEHICLE STATUS/INSURANCE**  
Are you eligible for coverage through insurers/Affiliates?  Yes  No

**ACKNOWLEDGEMENT OF APPLICANT**  
Supporting Document refers to either a signed Medical Document or a Registration Certificate issued by Health Canada.

- The applicant acknowledges that some of the information provided in this document may be shared with Health Canada, its service providers, Veterans Affairs, and/or insurance providers, as applicable, solely for the purposes of providing service support.
- The applicant gives Broken Coast permission to share their underlying information with their presenting provider and/or the clinic through which they received their consultation.
- The applicant authorizes medical services.
- The information in the application and the Supporting Document is correct and complete.
- The Supporting Document is not being used to seek or obtain direct or third insurance or coverage at their another source.
- For applicants applying using a Registration Certificate: The application is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- The application is for the purpose of obtaining an in-home supply of food or direct supplies or services only.
- The applicant will use their methods or services in only for their own medical purposes.

Signature\*  Date: 2020-05-01

2000-01-01 2000-00-01-01

**CLICK SUBMIT**


# Broken Coast Registration Walkthrough

Step 13



The screenshot shows the 'FORM A Client Registration' page for Broken Coast Cannabis Ltd. The page includes the company logo, the form title, and a 'Thanks for registering!' message. A red banner at the bottom of the page reads 'YOUR REGISTRATION IS COMPLETE'. The page also contains a small note about the website: 'Visit back to our website: www.brokencoast.ca'.

Step 14



The screenshot shows the same 'FORM A Client Registration' page as in Step 13, but with a dark blue overlay containing white text instructions. The instructions are: 'CHECK YOUR EMAIL FOR YOUR CLIENT ID ALONG WITH CONFIRMATION FROM BROKEN COAST.', 'HARVEST MEDICINE WILL SEND YOUR MEDICAL DOCUMENT TO BROKEN COAST WITHIN 24 HOURS OF YOUR APPOINTMENT.', and 'REGISTRATION TAKES 3-7 BUSINESS DAYS, BUT CAN OFTEN BE FASTER. ONCE COMPLETE, BROKEN COAST WILL EMAIL YOU LOGIN INFORMATION TO ACCESS THE ONLINE STORE.'