

Account Update Request Form

Thank you for choosing Organigram as your licensed medical cannabis provider. In order to process any updates to your personal information, please ensure to complete the Account Update Request Form and send at the address below:

ORGANIGRAM
35 English Drive
Moncton, NB E1E 3X3

I would like to confirm my request to amend my current information from my Registration Form:

- Full Name
Please attach ID showing updated information.
- Email Address
- Address
- Mailing/Shipping Address
- Phone
- Gender
Please attach ID showing updated information.

Full Name: _____

Please attach ID showing updated information.

Email Address: _____

Address: _____

Mailing/Shipping Address (If different from address):

Phone: _____

Date of birth: _____ (dd/mm/yyyy)

Gender: M F Rather not say

Please attach ID showing updated information.

IMPORTANT: Please read and sign below.

- I request the client's personal information to be updated with the changes indicated in this form.
- The information contained in this Account Update Request is correct and complete.
- The client ordinarily resides in Canada.
- If the individual signing this form is not the client, that individual is responsible for the client.

Signature : _____ Date: _____

Name of signatory (if different than patient) : _____

If you have any questions or concerns, please call us at 1-844-644-4726 or email info@organigram.ca

*Caregiver Registration Form is available on our website (<https://medical.organigram.ca/forms/caregiver-form>)