



REGISTRATION AMENDMENT DOCUMENT

Acreage Pharms Ltd.™

PO Box 51, Peers, AB. T0E 1W0

clientcare@acreeagepharms.ca

Phone: 1-888-386-0149

Fax: 780-693-0167

Your information has been updated and you are now registered with Acreage Pharms Ltd.™ Thank you for choosing us as your Licensed Producer for medical cannabis! Please review this document and ensure all the information is accurate and correct. If there any errors, please notify Client Care as soon as possible.

CLIENT INFORMATION

First Name: John

Last Name: Doe

Date of Birth: 1/1/1979

Gender: Male

Your Client ID: 123456789

*Remember your unique Client ID as you will need to reference it when placing orders. Do not share your Client ID with anyone unless you are communicating with Acreage Pharms Ltd.™ client care staff.

Registration Approval Date: DD/MM/YYYY

Registration Expiry Date: DD/MM/YYYY

CLIENT CONTACT INFORMATION

Residence Address:

John Doe

123 Any St

Evansburg, AB T0E 0T0

Mailing Address:

Box 123

Evansburg, AB

T0E 0T0

Shipping Address:

Box 123

Evansburg, AB

T0E 0T0

MEDICAL DOCUMENT INFORMATION

Health Care Practitioner:

Firstname Lastname

555-555-5555

email@example.com

123 Address St

Edmonton, AB T6R 2X7

Daily Dosage:

3.0g

Maximum Allowable THC:

20%

Maximum Allowable CBD:

20%

Acreage Pharms Ltd.™ Registration Manager