	QA-FORM-032 Title: Client Qualification Form (for Bulk and Retail Clients) Department: Quality Assurance	Effective Date: March 11, 2024 Revision: v4 Previous Version: v3
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1. General Client Information:


Company Name:		Address & City:	
Primary Contact and Title:			
Email Address:		Phone No.:	
Is the company a division or subsidiary of another corporation?	<input type="checkbox"/> Yes, name of corporation: <input type="checkbox"/> No		
Type of Business	<input type="checkbox"/> Retail Store <input type="checkbox"/> Provincial Board/Cannabis Authority <input type="checkbox"/> Licenced Producer		

2. Qualification Documents Requested:

Please provide a copy of the following required documents:
For Cannabis Retailer or Provincial Board/Cannabis Authority: <input type="checkbox"/> Retail Cannabis Operator License issued by Province
For Licenced Producer/Licence Holder: <input type="checkbox"/> Health Canada issued License <input type="checkbox"/> Canadian Revenue Agency issued Cannabis Licence

3. To be completed by Client:

I certify that all the provided information is correct and accurate.			
Manager Name:		Phone No.:	
		Email Address:	
Signature:		Date (MM/DD/YYYY):	

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4. To be completed by Terra labs Inc:

Status:	<input type="checkbox"/> Approved	Attached with all necessary qualification documents.	
	<input type="checkbox"/> Rejected	Reason:	
Comment:	Documents required from the approved clients: <input type="checkbox"/> Retail Cannabis Operator License by Province <input type="checkbox"/> Health Canada Issued License <input type="checkbox"/> Canadian Revenue Agency Issued Cannabis Licence <input type="checkbox"/> Other (if others selected, please provide details below): <hr/>		
QAP Name:		Date (MM/DD/YYYY):	
Signature:			