

# Form 2

THE MEDICINAL CANNABIS ACT 2018  
The Medicinal Cannabis (Licensing) Regulations, 2018  
MEDICINAL CANNABIS AUTHORITY

## EMPLOYEE INFORMATION LIST

Please attach Official Police Record for each Employee as well as a certified copy of their ID.

You may use multiple copies of this form if necessary.

EMPLOYEE INFORMATION		
<b>EMPLOYEE #1</b>		
Surname	First Name	Middle Name
Position		Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identification #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Identification Card		Date of Birth (DD-MM-YYYY):
<b>EMPLOYEE #2</b>		
Surname	First Name	Middle Name
Position		Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identification#: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Identification Card		Date of Birth (DD-MM-YYYY):

EMPLOYEE INFORMATION		
<b>EMPLOYEE #3</b>		
Surname	First Name	Middle Name
Position		Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identification #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Identification Card		Date of Birth (DD-MM-YYYY):
<b>EMPLOYEE #4</b>		
Surname	First Name	Middle Name
Position		Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identification #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Identification Card		Date of Birth (DD-MM-YYYY):
<b>EMPLOYEE #5</b>		
Surname	First Name	Middle Name
Position		Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Director? <input type="checkbox"/> Yes <input type="checkbox"/> No
Identification #: Type: <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Identification Card		Date of Birth (DD-MM-YYYY):

Name of Individual / Business Company \_\_\_\_\_

\_\_\_\_\_  
Authorised Agent

\_\_\_\_\_  
Date