

## **SCHEDULE 6**



INFORMATION ON OFFICERS, DIRECTORS AND / OR PARTNERS Complete information is required for each person listed. M=Male F=Female

Original is attached   is being forwarded directly by Police by fax and/or mail   Registered Name:	ndustrial Hemp Licence Application and at least one other Schedule must also be submitted.									
Registered Name:	Police Criminal Record Document for each person listed:  ☐ original is attached ☐ is being forwarded directly by Police by fax and/or mail								ADMINISTRATION	
Ms. Miss  Address  City/Town  Province  Postal Code  Mr. Mrs. Ms. Miss  Sumame  First Given Name  Second Given Name  First Given Name  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  City/Town  Province  Postal Code  Title/Position  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Mr. Mrs. Miss  Sumame  First Given Name  Second Given Name  First Given Name  Second Given Name  First Given Name  Second Given Name  First Given Name  Name  First Given Name  Second Given Name  First Given Name  Name  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Date of Birth (Day-Month-Year)									USE ONLY	
Ms. Miss  Address  City/Town  Province  Postal Code  Mr. Mrs. Ms. Miss  Sumame  First Given Name  Second Given Name  First Given Name  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  City/Town  Province  Postal Code  Title/Position  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Mr. Mrs. Miss  Sumame  First Given Name  Second Given Name  First Given Name  Second Given Name  First Given Name  Second Given Name  First Given Name  Name  First Given Name  Second Given Name  First Given Name  Name  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Date of Birth (Day-Month-Year)	Registered	l Name:								
Mr. Mrs. Sumame First Given Name Second Given Ms. Miss Sumame First Given Name Second Given Name Second Given Ms. Miss Sumame First Given Name Second Given	Mr. Mrs. Ms. Miss	Surname	First Given Name	Second Given Name	M F	Title/Position	Date of Birth (Day-Month-Year)			
Address  City/Town  Province  Postal Code  Mr. Mrs. Miss  Sumame  First Given Name  Second Given Name  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Postal Code  Mr. Mrs. Miss  Sumame  First Given Name  Second Given Name  First Given Name  Second Given Name  Mr. Title/Position  City/Town  Province  Postal Code  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  One  City/Town  Province  Postal Code  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  City/Town  Province  Postal Code  Date of Birth (Day-Month-Year)  Address  Mr. Mrs. Ms. Miss  Sumame  First Given Name  Second Given Name  Mr. Title/Position  Date of Birth (Day-Month-Year)	Address				Cit	y/Town	Province	Postal Code		
Mr. Mrs. Miss Surname First Given Name Second Given Mame First Given Name Second Given Mame First Given Name Second Given Mrs. Miss Surname First Given Name Second Given Mrs. Mrs. Miss Surname First Given Name Second Given Mrs. Mrs. Miss Surname First Given Name Second Given Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	Mr. Mrs. Ms. Miss	Surname	First Given Name	Second Given Name	M F	Title/Position	Date of Birth (Day-	Month-Year)		
Ms. Miss   Name   F    Address   City/Town   Province   Postal Code    Mr. Mrs. Miss   Surname   First Given Name   Second Given   Mame   F    Address   City/Town   Province   Postal Code    Mr. Mrs. Miss   Surname   First Given Name   Second Given   Mame   F    Mr. Mrs. Miss   Surname   First Given Name   Second Given   Mame   F    Address   City/Town   Date of Birth (Day-Month-Year)    Address   City/Town   Province   Postal Code    Mr. Mrs. Miss   Surname   First Given Name   Second Given   Mame	Address				Cit	y/Town	Province	Postal Code		
Mr. Mrs. Ms. Miss Surname First Given Name Second Given Name Second Given Ms. Miss Surname First Given Name Second Given Ms. Miss Surname Name Second Given Ms. Miss Surname Name Second Given Name Name Name Name Name Ms. Miss Surname Name Name Name Name Name Name Name N	Mr. Mrs. Ms. Miss	Surname	First Given Name	Second Given Name	M F	Title/Position	Date of Birth (Day-Month-Year)			
Ms. Miss  Address  City/Town  Province  Postal Code  Mr. Mrs. Miss  Surname  First Given Name  Second Given Marne  City/Town  City/Town  Province  Postal Code  City/Town  Province  Postal Code  Mr. Mrs. Mrs. Surname  Mr. Mrs. Miss  Surname  First Given Name  Second Given Mr. Mrs. Mrs. Miss  Mr. Mrs. Miss  Mr. Mrs. Mrs. Miss  Surname  First Given Name  Second Given Mr. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs. Mrs.	Address				City/Town		Province	Postal Code		
Mr. Mrs. Ms. Miss Surname First Given Name Second Given Mame City/Town Province Postal Code Mr. Mrs. Ms. Miss Surname First Given Name Second Given Mame First Given Name Second Given Mame Mr. Mrs. Ms. Miss Ms. Miss Surname First Given Name Second Given Mame Mr. Mrs. Ms. Miss Ms. Mi	Mr. Mrs. Ms. Miss	Surname	First Given Name	Second Given Name	M F	Title/Position	Date of Birth (Day-	Month-Year)		
Address  City/Town  Province  Postal Code  Mr. Mrs. Miss  Surname  First Given Name  Second Given Name  M Title/Position  Date of Birth (Day-Month-Year)	Address				City/Town		Province	Postal Code		
Mr. Mrs. Miss Surname First Given Name Second Given Name F Title/Position Date of Birth (Day-Month-Year)	Mr. Mrs. Ms. Miss	Surname	First Given Name	Second Given Name	M F	Title/Position	Date of Birth (Day-	Month-Year)		
Ms. Miss Name F	Address				Cit	y/Town	Province	Postal Code		
Address City/Town Province Postal Code	Mr. Mrs. Ms. Miss	Surname	First Given Name		M F	Title/Position	Date of Birth (Day-	Month-Year)		
	Address				Cit	y/Town	Province	Postal Code		

ATTACH ADDITIONAL SHEETS IF REQUIRED

HC/SC 1089 - 6 E (11-98)