



SCHEDULE 6

INFORMATION ON OFFICERS, DIRECTORS AND / OR PARTNERS

Complete information is required for each person listed. M=Male F=Female

Industrial Hemp Licence Application and at least one other Schedule must also be submitted.

Police Criminal Record Document for each person listed:						
<input type="checkbox"/> original is attached <input type="checkbox"/> is being forwarded directly by Police by fax and/or mail						
Registered Name:						
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. 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. 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. 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. 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. 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

* PROTECTED *

ADMINISTRATION USE ONLY

ATTACH ADDITIONAL SHEETS IF REQUIRED