



BARBADOS MEDICINAL CANNABIS LICENSING AUTHORITY

AUTHORISATION FOR BACKGROUND CHECKS

All Applicants, Directors & Partners must sign this section for their application to be processed.

Please READ CAREFULLY and sign to give consent.

I, _____ of _____
(Full Name) (Address)

hereby authorize the Barbados Medicinal Cannabis Licensing Authority, or its duly authorized representative, to validate the accuracy of the information provided in connection with this application for a license. I understand that the Barbados Medicinal Cannabis Licensing Authority may utilize independent agencies in Barbados or overseas to assist in checking such information, and I specifically authorize such an investigation by the Barbados Medicinal Cannabis Licensing Authority.

Signature

Full name

Date