



Date: ___/___/___

To:

The Ministry of Health

The Medical Cannabis Unit (Yakar)

Medical Cannabis supplier change request

I, _____, ID number _____

Medical Cannabis license number: _____

Request to change my Medical Cannabis supplier from Tikun Olam Ltd. To CANNDOC/ BOL Pharma/ IMC (IMC supplier will be able to provide *only* pre-rolled joints and pre-grinded floresiensis).

Regards,

Full Name: _____

ID: _____

Signature: _____