

Appendix 1

Model of the application for authorization to carry on an activity

To the Director General of the National Agency for the Regulation of Activities relating to cannabis

Subject: request for authorization to exercise the activity

PJ: application file in accordance with Order No. 1293-22 setting the procedures for issuing

Authorizations to carry out activities relating to cannabis

I. Application References: [Reserved for ANRAC]

- Date of filing/receipt:
- Application No.:

II. Identity of the applicant for the authorization:

1- Natural person:

- Name:
- First name:
- CNIE number/passport number:
- Address:
- Other information (phone, email, etc.):

2- Legal person: (cross out what does not apply):

- Company name or name of any other legal person and its legal form:
- Number of the company's trade register or any other document allowing

identify the legal entity applying for the authorization / city:

- Address/ Phone / Fax / Email :
- Name and surname of the legal representative:
- CNIE number/passport number of legal representative:

III. Activity(ies) subject to the application for authorization

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Applicant's signature:

..... cut here

**RECEIPT ISSUED BY THE NATIONAL REGULATORY AGENCY FOR ACTIVITIES RELATING TO THE
CANNABIS**

Identity of the applicant for authorization:.....

Date of filing/receipt:.....

Application No.:.....

Signature and Stamp of the receiving service.....

Signed by, dated