

REPLACEMENT / CHANGE OF DETAILS REQUEST

WHAT TO DO WITH THIS FORM

STEP 1: You must complete **ITEMS 1 & 2** (mandatory)

STEP 2: Select from the following options and complete the relevant sections as indicated.

I would like to: (Please tick those that apply)

- | | | |
|-----------------------------------|---|-------------------------------|
| Replace a lost or damaged card | ➔ | Please complete ITEM 3 |
| Change the name on your card | ➔ | Please complete ITEM 4 |
| Change my address/contact details | ➔ | Please complete ITEM 5 |
| Update my photograph | ➔ | Please complete ITEM 6 |

STEP 3: You must complete **ITEM 7** (mandatory)

STEP 4: To change the name or photograph on your card, you must provide evidence/photographs. Attach these using a paper clip or fold back clip.

STEP 5: Do not fold this form. Return this form in the envelope provided to:

Companion Card
PO Box R160
Royal Exchange NSW 1225

If you have any queries, telephone the Companion Card Information Line on **1800 893 044**.

PRIVACY

National Disability Services (NDS) is collecting information on this form to assist in the administration of the Companion Card program. Personal information will not be disclosed to any third party without your consent or unless required by law. Information collected may be accessed by a Freedom of Information request.

The information on this form is managed by NDS in accordance with the privacy act.

ITEM 4: CHANGE THE NAME ON THE CARD

You can only alter the name on your card if you provide a **copy** of evidence that you have had your name legally changed (ie. Marriage Certificate, Deed Poll). **Do not** send original documents, as attachments cannot be returned.

New Details

Your Title (e.g. Mr/Mrs/Ms/Miss)

First Name (as it **now** appears on official documentation):

Surname (as it **now** appears on official documentation):

First Name to appear on card:

Reason for change:

ITEM 5: CHANGE OF ADDRESS / CONTACT DETAILS

This information will be used to update the Companion Card database. **A replacement card will not be issued.** Please complete **only** those fields that have changed.

New Details

Residential Address:

Suburb:

State: Postcode:

Postal Address (if different from above):

Suburb:

State: Postcode:

Telephone: ()

TTY: ()

Email:

ITEM 6: UPDATE CARD PHOTOGRAPH

If you are no longer recognisable from the photograph on your current Companion Card, you may need to update it.

Yes, I would like to update my photograph.

- **Attach two colour passport photographs using paperclips or fold back clips. Do not use tape, staples, glue or pins.**
- **The photographs must be a full front view of your head and shoulders only.**

Write your name on the reverse of both photographs and have them signed by a health professional or service provider.

ITEM 7: APPLICANT / GUARDIAN / AGENT STATEMENT (mandatory)

This section should be signed by the applicant or their legal guardian/agent.

My signature below confirms:

That the information in this form is correct.

That photographs (if attached) are of the cardholder.

Applicant Signature

(for applicants over 18 years of age):

Date: / /

Legal Guardian/Agent

Signature (for applicants under 18 years of age, or if unable to sign):

Date: / /

Legal Guardian/
Agent Name:

Relationship to
the applicant:

Legal Guardian/Agent

Telephone/ TTY:

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