

## 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 Applications  
Locked Bag 3014, Hawthorn VIC 3122.**

Affix correct postage (two standard stamps at the time of printing).

If you have any queries, telephone the Companion Card Information Line on **1800 650 611**.

### PRIVACY

The information collected will be recorded and stored in a database and used solely for the purposes of administering the Companion Card. The information will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program. The information collected can be accessed via a Freedom of Information Request. The information supplied will be handled in accordance with the privacy principles contained in the Information Privacy Act 2000 (Vic), the Health Records Act 2001 (Vic).

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## ITEM 1. PERSON TO CONTACT ABOUT THIS FORM (mandatory)

Name:

Postal Address:

Suburb:

State:  Postcode:

Telephone/TTY: (  )

Email (if available):

## ITEM 2. IDENTIFYING THE CARDHOLDER (mandatory)

This relates to your **existing** cardholder information. **Note:** If we are not able to match your details, we will not be able to process your request and you may be required to re-apply.

**Current** Companion Card Number:

/

First Name (as it appears on your **current** Companion Card):

Surname (as it appears on your **current** Companion Card):

Date of Birth:  /  /  Gender:  Male  Female  
 ( d d / m m / y y y y )

Only complete **ITEMS 3 – 6** if applicable. Then proceed to **ITEM 7**.

## ITEM 3. REPLACE A LOST OR DAMAGED CARD

I confirm that I require a replacement Companion Card because my:

- Card is lost  Photograph is worn/damaged
- Card details are worn/damaged  Card is split/broken

## 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: (  )

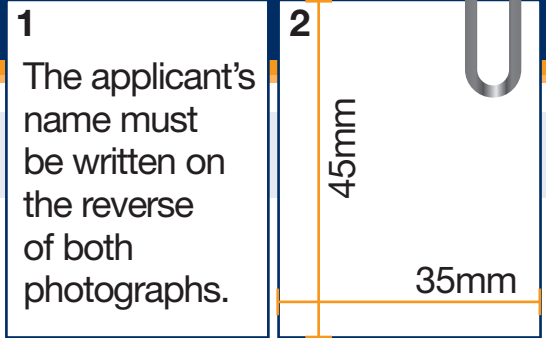
Email:

## 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.

- Please write your name on the back of the photographs.
- Please ensure that your photographs are clear, current and of a good print quality.



↑ Attach two photographs here using paper clips or fold back clips. Do not use tape, staples, glue or pins.

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

This section should be signed by the applicant or their legal guardian/agent. I confirm that my signature below represents:

I certify 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 (and relationship  
to the applicant):

Legal Guardian/Agent  
Telephone/ TTY:

(   )

For Office Use Only: Signature Authorisation