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).
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: (d d / m m / y y y y ) 
Gender: Male Female 

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.

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):

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

Legal Guardian/Agent Name (and relationship to the applicant):

Legal Guardian/Agent Telephone/TTY:

For Office Use Only: Signature Authorisation