



## ITEM 2: Request type

Tick what you want to do, then complete the item shown next to that choice.

You can tick more than one box – if you do, you'll need to complete more than one item.

- Change your address → **Go to ITEM 3**
- Replace your card → **Go to ITEM 4**
- Change your name → **Go to ITEM 5**
- Update your photo → **Go to ITEM 6**

## ITEM 3: Change of address

Provide information about where you were living before.

**Previous** residential address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

→ If you need a replacement card, fill in ITEM 4 below. If not, go to ITEM 7

## ITEM 4: Replace your card

Tick the reason you need a replacement Companion Card:

- Card is lost or stolen
- Card details are worn or damaged
- Photo is worn or damaged
- Card is broken

→ If you need a new photo, go to ITEM 6. If not, go to ITEM 7

## ITEM 5: Change of name

Preferred name: \_\_\_\_\_  
(to appear on the new card)

Reason for change: \_\_\_\_\_



**Attach a copy of evidence** that you have had your name legally changed – for example, marriage certificate, deed poll.

Do not send the original documents, because they cannot be returned to you.

→ Go to ITEM 7

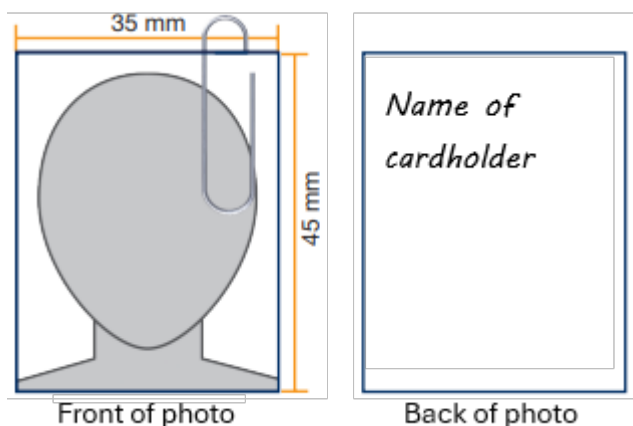
## ITEM 6: Update your photo

If the photo on your Companion Card no longer looks like you, you can update it.

- Tick here if you want to update your photo – **provide a photo and follow the checklist below**

### Photo check list

- 1 Check that your photo:
  - ✓ is clear, current, and of good print quality.
  - ✓ is 45mm tall and 35mm wide.
  - ✓ shows your head and shoulders, with a plain background.
- 2 Write your name on the back of the photo.
- 3 Attach the photo to the top of this page with a paper clip or foldback clip.  
Do not use tape, staples, glue or pins.



## ITEM 7: Person to contact about this form

The contact person can be the cardholder, or someone else that will talk to the Companion Card program on your behalf.

- Tick here if the cardholder is the contact person.

If the contact person is someone else, provide their details:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ITEM 8: Statement and signature

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 to the best of my knowledge.
- I understand that it is an offence against section 140 of the *Criminal Law Consolidation Act 1935* to give misleading information on this form with the intention of deceiving the South Australian Department of Human Services so as to receive a benefit.
- The photo (if attached) is of the cardholder.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if over 18 years old)

Legal guardian/agent signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18 years old or unable to sign)

Legal guardian/agent name: \_\_\_\_\_

Legal guardian/agent relationship to applicant: \_\_\_\_\_

Legal guardian/agent telephone number: \_\_\_\_\_

### POST THIS FORM TO:

SA Companion Card  
Reply Paid 292  
Adelaide SA 5001

No postage stamp is needed.

### FOR MORE INFORMATION



**Website:**  
[sa.gov.au/CompanionCard](http://sa.gov.au/CompanionCard)



**Email:**  
[DHSCompanionCard@sa.gov.au](mailto:DHSCompanionCard@sa.gov.au)



**Phone:**  
1800 667 110 (Freecall)

### Privacy Statement

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.

You can ask for information held by the South Australian Companion Card program under the *Freedom of Information Act (1991)*. Use the contact information above if you want to do this.