

## Replacement / Change of Details Request

**Step 1:** Complete **ITEMS 1** and **2**

**Step 2:** Select from the following items and complete the relevant sections as indicated.

I would like to (tick those that apply):

- |                          |                                   |                          |
|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | Replace my card                   | → Complete <b>ITEM 3</b> |
| <input type="checkbox"/> | Change my name on my card         | → Complete <b>ITEM 4</b> |
| <input type="checkbox"/> | Change my address/contact details | → Complete <b>ITEM 5</b> |
| <input type="checkbox"/> | Update my photograph              | → Complete <b>ITEM 6</b> |

**Step 3:** Complete **ITEM 7**.

**Step 4:** If you are changing the name or photograph on your card, you must provide evidence/photographs. Attach these using a paper clip or fold back clip.

**Step 5:** Return this form (no postage stamp required) to:

Companion Card Program  
Reply Paid 292  
Adelaide SA 5001

For more information visit [www.sa.gov.au/CompanionCard](http://www.sa.gov.au/CompanionCard) or call the Companion Card Information Line on Freecall **1800 667 110**

### PRIVACY

The information collected will be recorded and stored in a data base 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.

## ITEM 1: YOUR COMPANION CARD DETAILS

Provide your **current** Companion Card 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 for your Companion Card.

Current Companion Card number (if known):

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First name: \_\_\_\_\_  
(as it appears on your **current** Companion Card)

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

Date of birth: 

		/			/				
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 Gender:  Female  Male  
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## ITEM 2: PERSON TO CONTACT ABOUT THIS FORM

If the person to be contacted is the cardholder, write 'as above'.

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

Residential address: \_\_\_\_\_

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

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

Postal address (if different from above): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

## ITEM 3: REPLACE A LOST OR DAMAGED CARD

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

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

## ITEM 4: CHANGE THE NAME ON THE CARD

You can only change the name on your card if you provide a **copy** of evidence that you have had your name legally changed (e.g. 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)

Preferred 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.** Complete **only** those fields that have changed.

### New details

Residential address: \_\_\_\_\_

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

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

Postal address (if different from above): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

- Write your name on the back of the photograph
- Ensure that your photographs are clear, current and of good print quality

The applicant's name must be written on the reverse of both photographs.

45 mm ⇅

35 mm ⇅



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 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.

Photographs (if attached) are of the cardholder.

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

Legal guardian/agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant under 18 years of age or unable to sign)

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

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

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

**RETURN TO: Companion Card Program, Reply Paid 292, Adelaide SA 5001**

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