



GPO Box 292  
Adelaide SA 5001

1800 667 110

## Replacement/Change of Details Request

**Step 1:** Select from the following options and complete the relevant sections as indicated.  
I would like to: (Please tick those that apply)

Replace a card → Please complete ITEM 3

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Change name on your card → Please complete ITEM 4

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Change my address/contact details → Please complete ITEM 5

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Update my photograph → Please complete ITEM 6

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**Step 2:** You must complete ITEMS 1 & 7 (mandatory)

**Step 3:** To change the name or photograph on your card, you must provide evidence/photographs. Attach these using a paper clip or fold back clip.

If you have any questions, call the Companion Card Information Line on **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.

**Only complete the applicable ITEMS. Then proceed to ITEM 7.**

**ITEM 1. THE CARDHOLDER**

This relates to your existing card holder 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: (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:    Gender: Female  Male   
                  d d       m m       y y y y

**ITEM 2. PERSON TO CONTACT ABOUT THIS FORM IF DIFFERENT FROM ABOVE (mandatory)**

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

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 alter 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. 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: \_\_\_\_\_ 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 photograph**
- **Please ensure that your photographs are clear, current and of good print quality**

1. The applicant's name must be written on the reverse of both photographs.	45 mm ⇅ 35 mm ⇅
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 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 to the best of my knowledge. I understand that it is an offence to provide false information on this form.

That photographs (if attached) are of the cardholder.

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

Date \_\_\_\_\_

Legal Guardian/Agent (if applicant under 18 years of age or unable to sign)

\_\_\_\_\_

Date \_\_\_\_\_

Legal Guardian/Agent name \_\_\_\_\_

Legal Guardian/Agent relationship to applicant \_\_\_\_\_

Legal Guardian/Agent telephone number \_\_\_\_\_

**RETURN TO: Companion Card Program, GPO Box 292, Adelaide SA 5001**