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):

- Replace my card → Complete ITEM 3
- Change my name on my card → Complete ITEM 4
- Change my address/contact details → Complete ITEM 5
- Update my photograph → Complete ITEM 6

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.companioncard.asn.au 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):

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

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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