Companion Card
GPO Box 4987
MELBOURNE VIC 3001

Information Line: 1800 650 611
Facsimile: 1800 004 413
National Relay Service 13 36 77

www.companioncard.org.au
companioncard@dhhs.vic.gov.au

Transfer of Personal and Health Information from Victoria to Interstate

CONSENT FORM

I, _____ _____(the Cardholder) -**or**-
First Name *Surname*

Authorised representative for _____
Cardholder Name

with card number **V**_____/_____ Cardholder Date of Birth ___/___/___

Confirm that I am / the cardholder is not a permanent resident of Victoria.

The cardholder's new address is: _____
Street address

_____ _____ _____
Suburb *State* *Postcode*

I authorise the transfer of all personal and health information held by the Victorian Companion Card program to the Companion Card program in the state specified in the cardholder's new address above.

Signature _____ Date _____

Name of Signatory _____

Relationship to cardholder (if authorised representative)_____

Signatory address
(if different to above) : _____
Street address

_____ _____ _____
Suburb *State* *Postcode*

Telephone number: ( ) _____

VICTORIA State Government