



department of disability, housing & community services.

ACT Companion Card Scheme Permission Form

Please complete the section below giving us permission to access your details from the ACT Taxi Subsidy Scheme. Once you have provided permission you ONLY need to complete the following items on the enclosed Application Form:

- Item 1 a, b & c;**
- Item 4 a & b (optional);**
- Item 5 a (optional); and**
- Item 6 a, b & c**

Please ensure you include your photographs.

Permission Authorisation

I _____ of _____
Full name Address

authorise the ACT Companion Scheme to access my records from the ACT Taxi Subsidy Scheme (TSS), TSS membership number _____.

Applicants Signature Date

Or

Signature of Authorised Representative Date

