



Applicant Details

Please complete the applicant details below.

First Name : Last Name :

Date of Birth:

☐ I want to show the date of birth on my card

NI / Ref. Number:

Address:

Town:

County:

Postcode:

Please enter an email address if you would like us to keep you updated on the status of your application and to remind you when your card is due for renewal.

Email Address

Please enter daytime contact number(s).

Telephone ☐ Telephone is a preferred contact

Mobile ☐ Mobile is a preferred contact

- Payment Options
- ☐ £20 - 2 year
 - ☐ I would like to request a duplicate / spare card (additional cost £7.00)
 - ☐ I would like to request a card holder and a lanyard (additional cost £5.00)
 - ☐ I would like to show my address on my card

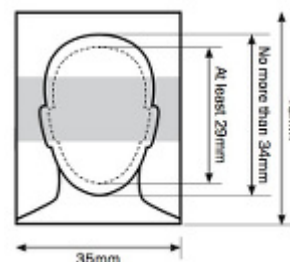
Please note the renewal date will either be one or two years from the date of application or the renewal date of your entitlement documentation or other relevant benefit, whichever is the earliest.

Cardholder Photo

Please provide a photograph of the cardholder. The photograph should be similar to the passport sized colour photograph. Your photograph may be rejected, and your application delayed unless the photo clearly shows your head and shoulders and your face must be clear. Please write the cardholder's name and date of birth on the back of the photo.

If this application is for a renewal or replacement card then we can use your current DID Card photo if it is still a good likeness.

☒ I authorise the use of my current photograph.



Proof of Eligibility

The card can be applied for by disabled individuals or by a representative or guardian for the disabled person. If you are applying on behalf of the individual then please complete the application as if you were the cardholder, their personal details will be used and not the person applying for the card on their behalf.

Please indicate one proof of eligibility that clearly demonstrates the following:

- | | |
|--|---|
| <input type="checkbox"/> Armed Forces Independence Payment | <input type="checkbox"/> Attendance Allowance |
| <input type="checkbox"/> Blue Badge (Reverse Side) | <input type="checkbox"/> Disability Living Allowance |
| <input type="checkbox"/> Employment Support Assistance | <input type="checkbox"/> Hearing loss(Audiology report) |
| <input type="checkbox"/> Medical Evidence | <input type="checkbox"/> Personal Independence Payment |
| <input type="checkbox"/> Registered as a blind person | <input type="checkbox"/> Scottish Disability Payment |
| <input type="checkbox"/> War Pension | |

Renewal Date of allowance

Do NOT send original documents. All hard copies of any postal applications and documents will be securely shredded, no file copies will be held.

☒ I authorise the use of my current entitlement documentation.

Where did you hear about us?

Terms and Conditions

☐ Please tick here to confirm you agree to the DID Card terms and conditions.

Full Terms and Conditions can be viewed on our website. apply.did-card.co.uk/tandc.php.

Payment by cheque or postal order only made payable to: **DID Card Ltd**

Application Checks

Before posting your application please check the following points:

- Your name and address details are correct and complete.
- Your photo is attached or use of the existing one is authorised.
- Your document providing proof of eligibility is attached.
- Your Cheque or Postal Order payment is enclosed.
- You have checked that the correct postage has been applied.

Please post your application to:

DID Card Ltd
PO BOX 1072
Ipswich
Suffolk
IP1 9AN

For further information please visit apply.did-card.co.uk