

**CONFIDENTIAL**

Please tick  where appropriate.  
\*Please circle where appropriate.

## Client Registration / Update / Card Replacement COMMUNICATION ACCESS CARD

**PERSONAL PARTICULARS**

Name	*Mr / Ms / Mrs / Mdm / Dr			Passport Photo
Nationality	*Singaporean / PR	Gender	*Male / Female / Others	
NRIC		Date of Birth		
Marital Status	*Single / Married / Separated / Divorced / Widowed	Identity	*Deaf / Hard-of-hearing (Hoh) / DeafBlind	
Contact (Mobile)		Contact (Home)		
Email Address				
Race	*Chinese / Eurasian / Indian / Malay / Others _____			
Religion	*Buddhism / Christianity / Roman Catholicism/ Hinduism / Islam / Others _____			
Address		Postal Code ( )	Mode of Communication	Sign Language: <input type="checkbox"/> SEE <input type="checkbox"/> Gesturing <input type="checkbox"/> SgSL <input type="checkbox"/> Others ____ <input type="checkbox"/> Speech: _____
Housing Type	<b>Type:</b> <input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Lodge <b>Accommodations:</b> <input type="checkbox"/> Private <input type="checkbox"/> Condominium HDB Room: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Executive / Others _____		Highest Qualification	*Kindergarten / PSLE / GCE 'N' / GCE 'O' / GCE 'A' / Diploma / Degree / None / Others _____

**IN CASE OF EMERGENCY (Next-Of-Kin)**

Name			
Gender	*Male / Female / Others	Relationship	
Identity	*Deaf / Hard-of-hearing (Hoh) / DeafBlind	Contact (Mobile)	

**DECLARATION**

- I declare that the above particulars provided by me are true and completed to the best of my knowledge.
- I consent to SAdeaf getting in touch with me - via the contact details I have provided - to update me on news and announcements.
- I hereby give my consent for the personal information (which I have provided) to be used by SAdeaf for the administration and provision of services and schemes to me. I also consent for such information to be used for data analysis, evaluation and policy formulation, in which I understand I would not be identified as a specific individual.

\_\_\_\_\_  
Signature of Client / Authorised Person

\_\_\_\_\_  
Date

- I consent on behalf of the client who is under 21 years of age.  
 I consent on behalf of the client who is mentally incapacitated.

**Submission Checklist**

- Passport Photo  
 Photocopy of NRIC (front & back) / Birth Certificate  
 Audiogram/ Doctor's Memo (within 1 year)

**FOR OFFICIAL USE ONLY**

Processed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Client Registration No: \_\_\_\_\_

**Communication Access Card (CAC)**

- New CAC  
 Replacement  
 Old  
 Lost/damaged + \$5 fee