

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	Type: <input type="checkbox"/> Purchase <input type="checkbox"/> Rental <input type="checkbox"/> Lodge Accommodations: <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 / Hearing	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