

Disabled Persons' Blue Badge & Freedom Pass Renewal Form



Disability Services

London Borough of Southwark
PO Box 51504
London SE1 9ZU

Tel: 020 7525 2141
020 7525 2306
Fax: 020 7525 3210

SECTION A: PERSONAL DETAILS

Mr / Mrs / Miss / Ms / Other

Surname

Forenames

Address

Postcode

Telephone Number

Mobile Number

Email Address

Date of Birth (dd/mm/yyyy)

Current Age

Do you receive the Disability Living Allowance (DLA) indefinitely? YES NO

If no, please give the end date

Have your circumstances changed since your last Blue Badge/
Freedom Pass was issued?

YES NO

If yes, please give details

I declare that to the best of my knowledge all the statements I have made on this form are true.

I authorise you to use the information that I have provided to process my claim for a Blue Badge, a Freedom Pass, or both. I agree that you may check this information with other organisations such as the Department for Work and Pensions, my GP, other health professionals or any other person named on this form. You may do this now and at anytime whilst I am in possession of a Blue Badge or a Freedom Pass.

I understand that you may give some information to other organisations, such as government departments and local authorities.

I know that I must let you know in writing about any change in my circumstances which might affect my claim.

I accept that if you find that I have provided false information you will withdraw the service and I may be prosecuted.

Name (print)

Signed

Date

Office Use Only

*DLA
CTAX*

Start Date				Rate	
Liabile		Yes	No	a/c number	
Comments					

Officer		Date	
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