

- i** This form and its enclosure as well as the processing of the application in the ordering system result in two personal data registers. One register is formed at Kela and one at the administrator of the card ordering system, i.e. the Disability Card Office (www.vammaiskortti.fi). More information on the processing of personal data at Kela is available at www.kela.fi/data-protection.

1. Applicant

Personal identity code Family name and given name

Address

Postal code

Postal district

Telephone

E-mail

- i** The e-mail address is compulsory information. When needed, you can state the e-mail address of a close relative or your support person. A link to confirm the order of a Disability Card will be sent to you to this address.

2. Application

- i** Information on the types of decision that entitle to an EU Disability Card is available at www.kela.fi/disability-card.

I wish to apply for permission to order an EU Disability Card

☐ on the basis of a decision made by Kela

☐ on the basis of some other decision than a decision made by Kela (please enclose a copy of the decision with this form)

3. Symbol A

I wish to have a symbol A on my card, i.e. a marking about the need of an assistant.

☐ Yes

☐ No

4. Statement of consent

- i** Please give your consent to the processing of your personal data, so that Kela can grant permission to order the card and your order for a card can be processed. You can withdraw your consent at any time by informing Kela about it.

- ☐ I hereby give my consent to Kela, the Disability Card Office and the parties administering the card ordering system to process my personal data for the purpose of granting me an EU Disability Card and exchange information to the effect that I have applied for an EU Disability Card. The contact information stated in the application may be released to the Disability Card Office and the parties administering the card ordering system for the purpose of granting and ordering the EU Disability Card. However, information on the grounds for the application for permission to order an EU Disability Card and the contents of the decision may not be released.

5. Power of attorney

I hereby authorise the following person to order the EU Disability Card on my behalf. I give my consent to the release of all the information on the application form to the authorised person. If the authorised person needs more detailed information on the decision on the basis of which I am applying for an EU Disability Card, only the information necessary for the granting of the EU Disability Card may be released to the authorised person.

Family name and given name

Personal identity code

6. Enclosures

Section 2. Application

- ☐ Copy of the decision on the basis of which you are applying for permission to order an EU Disability Card. If the decision has been issued by Kela, the decision need not be enclosed.

Section 3. Symbol A

- ☐ Copy of the decision on the basis of which you are entitled to have the symbol A on the EU Disability Card. If the decision has been issued by Kela, the decision need not be enclosed.

7. Signature

Place and date

Signature and printed name

8. Person helping the applicant to complete the form

- ① Complete this section if someone else has helped you complete the form.

Name and telephone number

