



Application for the Issue of Additional TRFs

1 Family Name: _____

2 Dr Mr Mrs Miss Ms (circle as appropriate)

3 Other name/s: _____
(These names must be the same as the names on your national identity document / passport.)

4 Address for correspondence: _____

5 Tel. No: _____ Mobile No: _____

6 Email: _____

7 Date of Birth: / / (day / month / year) Sex: F / M (circle as appropriate)

8 ID Type: Passport / National ID Card (circle as appropriate)
ID Document Number (This document must be shown before a TRF can be issued.): _____

9 Most recent test details:
Centre Number: _____ Candidate Number: _____
Date: / / (day / month / year)
Test Location: _____
Centre Name:

10 Please give details below of where you would like your results sent to:

a. Name of Person / Department: _____
Name of College / University / Organisation: _____
Address: _____

b. Name of Person / Department: _____
Name of College / University / Institution: _____
Address: _____

CGFNS/ICHP ID No. (For CGFNS/ICHP Applicants):

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Partners to forward a copy of my TRF to the department/s or institution/s listed above.

Signature: _____ Date: / / (day / month / year)

For British Council Use Only:

FREE PAID

OR#: _____ Date: _____