



## Application for the Issue of Additional TRFs

1 Family Name: \_\_\_\_\_

2 Dr Mr Mrs Miss Ms (circle as appropriate)

3 First Name and Middle Name: \_\_\_\_\_  
(These names must be the same as the names on your national identity document / passport used on the test)

4 Address for correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 Tel. No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

6 Email: \_\_\_\_\_

7 Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Sex: F / M (circle as appropriate)

8 ID Type: Passport / National ID Card (circle as appropriate)  
ID Document Number (ID Document used during the test): \_\_\_\_\_

9 Most recent test details:  
Centre Number: PH001  
Centre Name: British Council Manila  
Test Date (DD/MM/YYYY): \_\_\_\_\_  
Test Location: \_\_\_\_\_

**Please select exam type:**  
\_\_\_\_ IELTS on Paper  
\_\_\_\_ IELTS on Computer  
\_\_\_\_ IELTS for UKVI on Paper  
\_\_\_\_ IELTS for UKVI on Computer  
\_\_\_\_ IELTS Life Skills

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

a. Name of Person / Department: \_\_\_\_\_  
Name of College / University / Organisation: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

b. Name of Person / Department: \_\_\_\_\_  
Name of College / University / Institution: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email 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:	
<input type="checkbox"/> FREE	<input type="checkbox"/> PAID
OR#: _____	Date: _____
Candidate Number: _____	