



# 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: \_\_\_\_\_

<b>Please select exam type:</b>
<input type="checkbox"/> REGULAR IELTS
<input type="checkbox"/> IELTS for UKVI
<input type="checkbox"/> 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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

b. Name of Person / Department: \_\_\_\_\_

Name of College / University / Institution: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>CGFNS/ICHP ID No. (For CGFNS/ICHP Applicants):</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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: _____