



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:
<input type="checkbox"/> IELTS on Paper
<input type="checkbox"/> IELTS on Computer
<input type="checkbox"/> IELTS for UKVI on Paper
<input type="checkbox"/> IELTS for UKVI on Computer
<input type="checkbox"/> 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):	<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 know ledge 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: _____	