

**Application for Issue of Additional TRFs  
Centre Number: SG002**

<b>Candidate's Full Name:</b>	<b>ID Document No.</b> <i>(Passport / Singapore NRIC)</i>	<b>Test Date</b> <i>(dd/mm/yyyy)</i>	<b>Candidate No.</b>
<b>Email Address:</b>	<b>Contact Numbers:</b> <i>Mobile No:</i> <i>Home:</i> <i>Office No:</i>		

<b>Details of request</b>				
<b>S/n</b>	<b>Description</b>	<b>Unit Cost</b>	<b>Qty</b>	<b>Amount Payable</b>
1	1 <sup>st</sup> 5 copies* of TRF requested within 2 months' from test-date (sent by registered mail only)	<i>Free</i>		<i>Free</i>
2	TRF requested more than 2 months' from test-date (sent by registered mail only)	S\$21/copy		S\$
3	TRF requested beyond 5 copies (as listed in S/n. 1)	S\$21/copy		S\$
4	DHL courier service per address ( <i>Worldwide</i> ) <b>Note: DHL cannot deliver to a PO Box</b> <i>(Boardcode: DHL, Subject code: DHL)</i>	S\$60/ address		S\$
5	Local courier service per address (within Singapore) <i>(Boardcode: MAIL, Subject code: MAIL)</i>	S\$10/ address		S\$
<b>Total amount payable</b>				<b>S\$</b>

Please give details below of academic institutions/government agencies/professional bodies/employers you would like your results to be sent to. Add your file/case number if known.

All requests will be processed within 3 working days, excluding Saturday, Sunday and public holidays.

**Note: Organisations that subscribe to the electronic download system will ONLY receive an electronic copy of the TRF instead of the hard copy.**

<b>Address 1</b>	
Name of person/department	File/case number
Name of institution/agency/body/employer	
Address	<i>Please tick:</i> <input type="checkbox"/> Registered mail <input type="checkbox"/> DHL (additional S\$60) <input type="checkbox"/> Electronic copy
Country	
<b>Address 2</b>	
Name of person/department	File/case number
Name of institution/agency/body/employer	
Address	<i>Please tick:</i> <input type="checkbox"/> Registered mail <input type="checkbox"/> DHL (additional S\$60) <input type="checkbox"/> Electronic copy
Country	

Address 3	
Name of person/department	File/case number
Name of institution/agency/body/employer	
Address	<i>Please tick:</i> <input type="checkbox"/> Registered mail <input type="checkbox"/> DHL (additional S\$60) <input type="checkbox"/> Electronic copy
Country	
Address 4	
Name of person/department	File/case number
Name of institution/agency/body/employer	
Address	<i>Please tick:</i> <input type="checkbox"/> Registered mail <input type="checkbox"/> DHL (additional S\$60) <input type="checkbox"/> Electronic copy
Country	
Address 5	
Name of person/department	File/case number
Name of institution/agency/body/employer	
Address	<i>Please tick:</i> <input type="checkbox"/> Registered mail <input type="checkbox"/> DHL (additional S\$60) <input type="checkbox"/> Electronic copy
Country	
<p>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.</p>	
Signature	Date:     /     /     (dd/mm/yyyy)

For Office Use Only		
Date of Payment	CSE's Initial	Receipt No : <b>E</b> Sequence No: <b>C</b>
TRF(s) Sent out on	ESA's Initial:	DHL Airway bill number(s)

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