



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

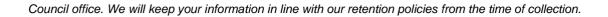
Candidate's Full Name:			ID Document No. (Passport / Singapore NRIC)		Test Date (dd/mm/yyyy)	Candidate No.		
Email Address: Cor		Cont	ntact Numbers:		Mobile No:			
Ноте			:		Office No:			
Details of request								
S/n	Description		Unit Cost	Qty	Amount	Payable		
1	1 1st 5 copies* of TRF requested within 2 months' from test-date (sent by registered mail only)		Free		Free			
2	TRF requested more than 2 months' from test-date (sent by registered mail only)		S\$23/copy		S\$			
3	TRF requested beyond 5 copies (as listed in S/n. 1)		S\$23/copy		S\$			
4	DHL courier service per address (Worldwide) Note: DHL cannot deliver to a PO Box (Boardcode: DHL, Subject code: DHL)		S\$64/ address		S\$			
5	Local courier service per address (within Singapore) (Boardcode: MAIL, Subject code: MAIL)		S\$11/ address		S\$			
	Total amount payable S\$							
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 the TRF instead of the hard copy.								
Addı	ress 1							
Name of person/department			File/case number		r			
Nam	e of institution/agency/body/employer							
				Please tick:				
Address					□Registered mail □DHL (additional S\$64)			
Co			Country		□ Electronic copy			
Address 2								
Name of person/department					File/case numbe	r		
	e of institution/agency/body/employer							
					Please tick:			
Address			□ Registered mail □ DHL (additional S\$64) □ Electronic copy		64)			

Note: *Additional copies of TRF may only be requested for dispatch to academic institutions/government agencies/professional bodies/employers. Candidates may not at any time request for extra TRF for self-retention.	

Address 3									
Name of person/department	File/case number								
Name of institution/agency/body/employer									
	Please tick:								
Address	□Registered mail □DHL (additional S\$64)								
	□Electronic copy								
Country									
Address 4									
Name of person/department	File/case number								
Name of institution/agency/body/employer									
		Please tick:							
Address	□Registered mail □DHL (additional S\$64)								
	□Electronic copy								
	Co	puntry							
Address 5									
Name of person/department		File/case number							
Name of institution/agency/body/employer									
		Please tick:							
Address		□Registered mail □DHL (additional S\$64)							
	□Electronic copy								
	puntry								
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: / / (dd/mm/yyyy)							
<u> </u>									
For Office Use Only	0051 1 111 1								
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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