



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:
___ PB IELTS
___ CD IELTS
___ PB IELTS for UKVI
___ CD IELTS for UKVI
___ 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: _____	