

| Candidate's Full Name: | NRIC/Passport No: | Centre Name/No: | Test Venue: | Candidate No: |
|---|---|------------------------|---|----------------------|
| Email Address: | Mobile Number: | | Test Date: (dd/mm/yyyy) | |
| | Phone Number: | | | |
| Details of request | | | | |
| No | Description | Unit Cost | Qty | Amount Payable |
| 1 | Additional TRF requested after the test day / exceeding first five copy | RM35/Copy | | RM |
| 2 | Additional TRF due to loss / damage. (A maximum of 2 personal copies) | RM35/Copy | | RM |
| 3 | Courier Fee | | | RM |
| Total amount payable | | | | RM |
| <p>Please provide details below of academic institutions / government agencies / professional bodies/ employers you would like your result to be sent to. Add your file / case no. if applicable.</p> <p>You must submit a copy of the ID you used on the test day.</p> <p>All requests will be processed within 5 working days.</p> <p>Note: Organisations that subscribe to the electronic download system will only receive an electronic copy of the TRF instead of the hard copy.</p> | | | | |
| Home address (for personal copy) | | | | |
| Address: | | | Please tick: | |
| Postal Code: | | | <input type="checkbox"/> Regular Mail (without tracking no.) | |
| Country: | | | <input type="checkbox"/> Courier (with tracking no.) | |
| | | | <input type="checkbox"/> Self-collect at Centre | |
| Address 1 (for institutions/agencies etc) | | | | |
| Name of person/department: | | | File/case No: | |
| Name of organisation: | | | Contact No: | |
| Address: | | | Please tick: | |
| Postal Code: | | | <input type="checkbox"/> Regular Mail (without tracking no.) | |
| Country: | | | <input type="checkbox"/> Courier (with tracking no.) | |
| | | | <input type="checkbox"/> Electronic Copy | |

| Address 2 (for institutions/agencies etc) | |
|--|--|
| Name of person/department: | File/case No: |
| Name of organisation: | Contact No: |
| Address: | Please tick: <input type="checkbox"/> Regular Mail (without tracking no.) <input type="checkbox"/> Courier (with tracking no.) <input type="checkbox"/> Electronic Copy |
| Postal Code: | |
| Country: | |
| Address 3 (for institutions/agencies etc) | |
| Name of person/department: | File/case No: |
| Name of organisation: | Contact No: |
| Address: | Please tick: <input type="checkbox"/> Regular Mail (without tracking no.) <input type="checkbox"/> Courier (with tracking no.) <input type="checkbox"/> Electronic Copy |
| Postal Code: | |
| 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) | |

| | | | |
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| Received by (CRE's Name) | | Receipt No. | |
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