

Test Report From (TRF) Amendment Form

Notes for candidates on the submission of the Test Report Form (TRF) Amendment Form

1. This form can only be used to submit a request to amend spelling mistakes, or clerical errors, in any of the personal details provided below.
2. You cannot request to change your personal details if these changes occurred after the test has been completed. This includes, but not limited to, changing your name, surname, ID number and type of ID or gender.
3. You must submit this form duly filled in, and appropriate supporting documentation (such as a copy of the ID you used for the test registration) to the test centre where you originally sat the test
4. The **original** Test Report Form must be returned with this amendment form to the test centre
5. Once the centre has completed the changes to your Test Report Form and the amended Test Report Form is ready, you will be informed in writing.

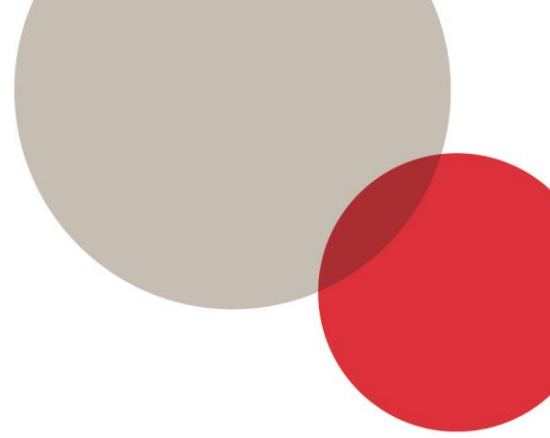
All the sections below must be completed by the candidate

Test details:

| | |
|--------------------------------|--|
| Test date (dd/mm/yyyy): | |
|--------------------------------|--|

Your personal details:

| | |
|---|--|
| Candidate name and surname: | |
| Email address and contact phone: | |
| Would you like to collect the amended TRF at the centre or receive it by post? | <input type="checkbox"/> collect at the centre <input type="checkbox"/> receive by post |
| Candidate postal address (if you selected to receive the amended TRF by post): | House/Unit no. & Street: _____ _____ City: _____ Postal code: _____ Country: _____ |

**Details to be amended**

Please write the details clearly in **CAPITAL LETTERS**:
(please provide appropriate evidence to support the changes)

| | Original information: | Amendment required |
|-------------------------------|-----------------------|--------------------|
| <i>Example:</i> | <i>SMIHT</i> | <i>SMITH</i> |
| First Name | | |
| Last Name | | |
| ID number | | |
| Date of Birth | | |
| Gender | | |
| Country of Nationality | | |
| First Language | | |

I hereby confirm that the changes I am requesting only concern spelling mistakes or clerical errors and I am attaching appropriate documentation to support my request. I understand any request or attempt to change personal details to commit malpractice may lead to result cancellation, and I may be banned from taking the test in future, liable to legal action and reported to regulatory authorities globally.

| | |
|-----------------------------|--|
| Candidate signature: | |
| Date: | |

For centre use only:

| | |
|--|--|
| Name of staff authorising the change: | |
| Signature: | |
| Date: | |