



Application for the Issue of Additional TRFs

We can send copies of your Test Report Form to organisations for up to two years after the date of your written examination.

Please complete all fields* accurately.

Your application will take up to 10 working days to process after all the required information has been received. Providing an incomplete application will delay this process.

Copies of Test Report Forms will be sent either by post or as an electronic notification to Recognising Organisations that are registered to receive electronic notifications of IELTS results. Candidates cannot choose the method of despatch of their results. The IELTS Team will confirm it by email.

Family Name*		Given Name*	
These names must be the same as the names on your national identity document / passport			
Address* (street & number)		Postal Code*	Area – City*
Tel / Mobile number*		Email address*	
Date of Birth* D D / M M / Y Y		Sex* Female / Male (circle as appropriate)	
Identification Document used for registration* (Write: National ID or Passport)		Identification Document Number*	

Test Date* D D / M M / Y Y	Candidate Number*
Test Centre Name* British Council, Write Athens or Thessaloniki	Centre Number* G R Write 005 for Athens or 026 for Thessaloniki

Turn over to list the organisation(s) you wish to receive an original copy of your IELTS results.

NOTE: Please use capital letters only and provide the full postal address including postal code, area/city and country. It is suggested that you include your reference / file number (if available) as well.

1.

a. Name of College / University / Institution / Organisation	
b. Name of Contact Person / Department	c. Reference / File Number (if available)
d. Postal Address (do not include again the Name of College / University / Institution / Organisation, Name of Contact Person / Department)	
For office use only – please tick:	<input checked="" type="checkbox"/> S <input type="checkbox"/> <input checked="" type="checkbox"/> P

2.

a. Name of College / University / Institution / Organisation	
b. Name of Contact Person / Department	c. Reference / File Number (if available)
d. Postal Address (do not include again the Name of College / University / Institution / Organisation, Name of Contact Person / Department)	
For office use only – please tick:	<input checked="" type="checkbox"/> S <input type="checkbox"/> <input checked="" type="checkbox"/> P

3.

a. Name of College / University / Institution / Organisation	
b. Name of Contact Person / Department	c. Reference / File Number (if available)
d. Postal Address (do not include again the Name of College / University / Institution / Organisation, Name of Contact Person / Department)	
For office use only – please tick:	<input checked="" type="checkbox"/> S <input type="checkbox"/> <input checked="" type="checkbox"/> P

4.

a. Name of College / University / Institution / Organisation

--	--

b. Name of Contact Person / Department	c. Reference / File Number (if available)

d. Postal Address (do **not** include again the Name of College / University / Institution / Organisation, Name of Contact Person / Department)

--	--

For office use only – please tick:	S		P	
-------------------------------------------	----------	--	----------	--

5.

a. Name of College / University / Institution / Organisation

--	--

b. Name of Contact Person / Department	c. Reference / File Number (if available)

d. Postal Address (do **not** include again the Name of College / University / Institution / Organisation, Name of Contact Person / Department)

--	--

For office use only – please tick:	S		P	
-------------------------------------------	----------	--	----------	--

I certify that the information on this form is complete and accurate to the best of my knowledge and authorise the IELTS Test Centre to forward a copy of my IELTS Test Report Form to the receiving organisation(s) listed above.

Signature: _____ Date: _____

<i>Amount paid:</i>	<i>Method of Payment – please circle:</i>	<i>TUN Number (if Bank Deposit Slip)</i>
€ _____	Cash <input type="checkbox"/> or <input type="checkbox"/> Bank Deposit / Transfer	_____

For office use ONLY – CASHIER / CS CASHIER:

Collected on:	(DATE)	Collected by:	(WRITE YOUR NAME)
Receipt No.:		Amount paid:	

For office use ONLY – IELTS TEAM:

Confirmed despatch to candidate by email	(DATE)
Date of TRF despatch	(DATE)