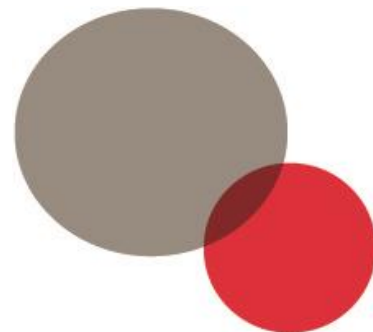




Application for the Issue of Additional TEST REPORT FORM

Full Name:
(These names must be the same as the names on your national identity document / passport)

Mobile / Land line numbers:

E-mail:

Date of Birth:

ID Document Type and Number:

Test Date: / / (day / month / year) **Candidate Number:**

Please give details below of where you would like your results sent to:

1. **Institution name:**

Name of Person / Department and phone number:

File number (if applicable):

Address (no PO box):

.....

2. **Institution name:**

Name of Person / Department and phone number:

File number (if applicable):

Address (no PO box):

.....

3. **Institution name:**

Name of Person / Department and phone number:

File number (if applicable):

Address (no PO box):

.....

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 or institution/s listed above.

Signature: **Date:** / / (day / month / year)

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