

## Application for Issue of Additional TRFs

Candidate's Full Name:		NRIC/Passport No:	Centre No: Please circle MY001 MY002	Test Venue:		Candidate No:		
Test Date: (dd/mm/yyyy)		Mobile Number: Phone Number:		Email Address:				
Deta	ils of request	Flione Number.						
No	Description		Unit Cost	Qty	Amount Payable			
1	five copies for only	exceeding the first Postal request(s)	RM35/Copy		RM			
2	Additional TRF damage. (A ma. copies)	due to loss / ximum of 2 personal	RM35/Copy		RM			
3	Courier Fee				RM			
			Total amour	nt payable	RM			
<ul> <li>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.</li> <li>You must submit a copy of the ID you used on the test day.</li> <li>Electronic copy request is free of charge, you will need to forward your TRF number to the academic institutions / government agencies / professional bodies/ employers you would like your result to be sent to.</li> </ul>								
Physical copy of TRF will be couriered to institutions/home address within 10 working days or more, depending on destinations and courier fee applicable to all such requests.								
	•	s that subscribe to th stead of the hard cop		ad system v	vill only rec	ceive an electronic		
Cou	rier charges		-					
DHL	courier				Price (MYF	र)		
Zone	e 1 – Singapore			95.00				
		onesia, Hong Kong, Ch aos, Australia, New Ze		120.00				
Zone	e 3 – USA, Cana	da, UK, India		180.00				
Zone	4 - Others			315.00				
Home address (lost/damage)								
Address:					Please ti	ck:		

Country:

**Postal Code:** 

Address 1 (for institutions/agencies etc)

Courier (with tracking no.)Self-collect at Centre



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Name of person/department:	File/case No:					
Name of organization:	Contact No:					
Address:	Please tick:					
	Courier (with tracking no.)					
Postal Code:	Electronic Copy					
Country:						
Address 2 (for institutions/agencies etc)						
Name of person/department:	File/case No:					
Name of organization:	Contact No:					
Address:						
	Please tick:					
Postal Code:	<ul> <li>Courier (with tracking no.)</li> <li>Electronic Copy</li> </ul>					
Country:						
Address 3 (for institutions/agencies etc)						
Name of person/department:	File/case No:					
Name of organization:	Contact No:					
Address:						
	Please tick:					
Postal Code:	<ul> <li>Courier (with tracking no.)</li> <li>Electronic Copy</li> </ul>					
Country:						
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: (dd/mm/yyyy)						

Received by (CRE's Name)	Receipt No.	
Date of payment	Date sent by the Exams Officer	

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