



Application for the Issue of Additional TRFs

1 Family Name: _____

2 | Dr Mr Mrs Miss Ms (circle as appropriate) | _____

3 Other name/s: _____

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

4 Address for correspondence: _____

5 Tel. No: _____ Mobile No: _____

6 email: _____

7 Date of Birth: / / (day / month / year) Sex: F / M (circle as appropriate)

8 ID Type: Passport / National ID Card (circle as appropriate)

ID Document Number: _____ (This document must be shown before a TRF can be issued.)

9 Most recent test details: _____

Centre Number: _____ Candidate Number: _____

Date: / / (day / month / year) | _____

Centre Name: _____

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: / / (day / month / year) | _____

- The Additional Test Report Form(TRF) will be sent within 3 working days after submission of the request.
- If there is any incomplete information or if the address is incorrect then there may be a delay in the despatch of the TRF.
- Additional TRF fees are non-refundable and non-transferrable.
- If the institution you are sending to is a Recognising Organisation (RO) then the results will be uploaded online and your institute can download the results online.
- IELTS reports are valid for 2 years from the date of the test and we will not be able to process Additional TRF requests if your test date is beyond 2 years.
- The fee is KD 10 for Domestic and KD 15 for International whether RO or Courier

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

Address 1

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 2

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 3

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 4

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 5

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 6

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 7

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 8

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 9

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

Address 10

Name of College/ University/Organisation			
Name of the department		Name of Person	
Telephone Number		Building Number/Name	
Street Name/ Number		City/State	
Zip Code/PO Box		Country	

For Office Use Only:

<i>CS Staff Initials</i>	
<i>Date of Request</i>	