

## Additional TRF Request Form

A Test-Taker may request additional TRFs to be sent to Receiving Institutions (universities, professional bodies, etc). Hard copy TRFs sent by courier will be sent through DHL and students will be charged accordingly. Hard copy TRFs are subject to a 500 TL fee per TRF plus courier costs. These are sent directly to the Receiving Organizations of your choice.\*

**If the Receiving Institution accepts electronic submission of scores then that can be arranged through the IDP IELTS Turkey office at no charge.**

\*The results sent to the institutions are followed by the candidates. – IDP IELTS Turkey is not responsible for any technical error that may occur in the system. Your result document will be sent directly to the organizations you specified on your request form. If the addresses to be sent are reported missing in the form, IDP IELTS Turkey is not responsible for this deficiency.

### IDP EDUCATION SPECIAL PRICE LIST – DHL EXPRESS\*\*

Region	West Europe	North America	North & East Europe	Middle East <sup>1</sup>	Asia Pacific	South America & Africa
Price (TL)	**	**	**	**	**	**
Delivery in days	1-3	1-3	1-4	1-4	2-4	2-4

\*\*Fill and send the form for price information, shipment will be made after you share your bank receipt.

<sup>1</sup> Iran is excluded. DHL Express does not ship to Iran.

### To process your additional results:

1. Complete and sign the attached Application for the issue of Additional TRFs
2. Make a courier payment for each institution/address that you would like to send your result to the bank details below and provide a receipt:

**BANK:** GARANTI BANK  
**ACCOUNT NAME:** IDP EDUCATION  
**IBAN:** TR50 0006 2000 2340 0006 2959 88  
**SWIFT CODE:** TGBATRISXXX  
**CORPORATE CODE:** 3326  
**BRANCH NO:** 234  
**DETAILS:** FULL NAME – DHL FEE

3. Send or bring your the form and bank receipt to your Test Centre:

#### IDP EDUCATION - Istanbul

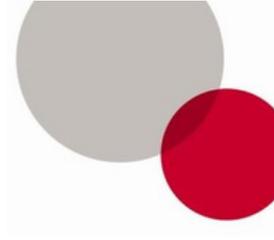
Ayazağa Mahallesi, Azerbaycan Caddesi,  
 No:1/B Blok Kat:4 SARIYER/İSTANBUL  
 Tel: +90 212 245 1588  
 Email: [ielts.istanbul@idp.com](mailto:ielts.istanbul@idp.com)  
[ielts.idp.com/turkey](http://ielts.idp.com/turkey)

#### IDP EDUCATION - Ankara

Kültür Mahallesi Ziya Gökalp Caddesi, Ataç-2 Sk.  
 No:43 Evin İşhanı, K:1 06420 Çankaya - Ankara  
 Tel: +90 312 4241588  
 Email: [ielts.ankara@idp.com](mailto:ielts.ankara@idp.com)  
[ielts.idp.com/turkey](http://ielts.idp.com/turkey)

# IELTS™

## 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 / highlight as appropriate)

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

9 Most recent test details:

Centre Number: TR100 / TR021 / TR150 (circle / highlight as appropriate) Candidate Number: \_\_\_\_\_

Date: / / (day / month / year) IELTS Type: UKVI IELTS / IELTS (circle / highlight as appropriate)

Centre Name:

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

a Name of Person / Department: \_\_\_\_\_

Name of College / University / Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

b Name of Person / Department: \_\_\_\_\_

Name of College / University / Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

c Name of Person / Department: \_\_\_\_\_

Name of College / University / Organisation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

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) \_\_\_\_\_

d Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

e Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

f Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

g Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

h Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

i Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
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j Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

k Name of Person / Department: \_\_\_\_\_  
 Name of College / University / Organisation: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

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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) \_\_\_\_\_