

## Additional TRF Request Form

A Test-Taker may request additional TRFs.\*

- Hard copy TRFs are subject to a 50 TL fee per TRF plus 30 TL courier costs for **Turkey**.\*\*
- You may also collect your additional TRFs from our Istanbul Harbiye and Ankara offices.
- 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

\*Test Result Form is valid for 2 years. The printing or sending of documents, which exceed even one day of two years, cannot be made in any way.

\*\*A single shipping fee is added for the requested TRFs in the same form. These prices are valid as of 30 November 2021.

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)

Centre Name:

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

Each TRF copy is 50 TL + 30 TL courier fee. If you would like to collect your additional TRFs from our offices, you do not have to pay courier fee.

Yes, I want extra TRF:  copy / copies

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)