



## Additional TRF Request Form

A Test-Taker may request additional TRFs.\*

•Hard copy TRFs are subject to a 500 TL fee per TRF plus 200 TL courier costs for Turkey. \*\*

• You may also collect your additional TRFs from our İstanbul 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:** HSBC BANK A.Ş.  
**ACCOUNT NAME:** IDP EDUCATION DANIŞMANLIK VE EĞİTİM HİZMETLERİ LİMİTED ŞİRKETİ  
**IBAN:** TR02 0012 3000 0203 8046 0000 01  
**SWIFT CODE:** HSBCTRIXXX  
**BANK CODE:** 123  
**BRANCH NO:** 123  
**DETAILS:** FULL NAME – Shipment 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 23 May 2024.

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:

IDP IELTS Turkey

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

Each TRF copy is 500 TL + 200 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) |