

IDP IELTS Test Centres 725-731 George Street Sydney, NSW 2000 Tel: 1800 664 700

Enquiry on Results – Application form (UKVI Test)

Centre Number:

Test Date:

Dear Candidate

To request a re-mark of your results, please complete this form and return to the address shown below. Please note that you must include your original IELTS Test Report Form.

You may choose to have one or more test modules re-marked. You will be notified of the re-mark result within 2-4 weeks of receipt of your application.

The re-mark fee is A\$176 (inclusive of GST). You will receive a full refund if your result is changed to a higher band score and you will be issued with a new Test Report Form. Your existing Test Report Form will be returned if there is no change.

Please note that you must apply for a re-mark within six weeks of the test date.

Candidate Number:		Address:	
Family Name:			
Given Name:		Suburb/Town:	
E-mail:		State:	Postcode:
Mobile Telephone:			
Please select the modu	ule(s) to be remarked: Listening Reading	g Writing Spea	king All Modules
Signature:		Date:	
Test fee: A\$176.00			
Payment method:	Credit card - please complete all details below	Bank cheque - cheque must be payable to IELTS Australia	
	Money order - order must be payable to IELTS Australia	- cheque must be drawn on an Australian Bank	
	- order must be issued by Australia Post - personal cheques will <u>not</u> be accepted		es will <u>not</u> be accepted
Credit Card Type	VISA MasterCard		
Card Holder Name:		(Name as it appears on the card)	*CVV is an anti-fraud security
Credit Card Number:		_	feature. For Visa/Mastercard, the three-digit CVV number
		_	is printed on the signature
Expiry Date:	Month Year CVV*:		panel on the back of the card immediately after the card's
Payment Authority			account number
I, the Cardholder, authorise IELTS Australia Pty Ltd to charge my credit card as listed above on behalf of the above IELTS test candidate ("Candidate") for the purpose of the Candidate requesting a re-mark of their IELTS test. I acknowledge that this Payment Authority will result in a Re-mark Fee of the amount shown above being charged to my credit card as identified above and that this charge will appear on my credit card statement as a payment to IELTS Australia Pty Ltd.			
Signature:		Date:	
	Cardholder signature)		

Complete this form and mail with your original IELTS Test Report Form (NOT A PHOTOCOPY) to:

RE-MARK APPLICATIONS

725-731 George Street, Sydney, NSW 2000

IMPORTANT: This application form MUST reach our office by the due date.





