



Date:.....

To,
The administrator,
IDP Education Nepal Pvt. Ltd.
Kathmandu, Nepal.

Re: **TRF Authorisation**

The following test takers have authorized us to collect their Test Report Form on their behalf. Please deliver the forms to our address mentioned below.

Name of test taker	Passport number	Test Date	Signature as per passport

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Name of the Organization	
Contact Person	
Full Address	
Contact Number	