



Date:.....

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

Re: TRF Authorization

The following test takers have authorized us to collect their Test Report Form (TRF) on their behalf. Please deliver the TRFs to our address mentioned below or to the person with this document.

Name	Candidate Number (Refer to sticker at the back of the passport or check desk label)	Passport number	Test Date	Signature as per passport

Please email complete form to [frontdesk.nepal@idp.com](mailto:frontdesk.nepal@idp.com) and [ielts.nepal@idp.com](mailto:ielts.nepal@idp.com)

Name of the Organization	
Authorized Person	
Full Address	
Contact Number	