

Additional Test Report Form Application

Test date:	/ /
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Centre name:		Centre number:	
Candidate name:	中文名字	Candidate number:	
	英文拼音		
E-mail		Phone Number	

<p>Candidate statement (聲明需補發成績單原因)</p> <p><i>Please detail your grounds for applying for an additional TRF</i></p>	
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Candidate Signature (考生簽名)	
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請填寫以上資訊並附上報名時使用的護照影本,掃描後回傳至 TW001.administrator@idp.com