Application for the Issue of Additional TRFs

Please note that your IELTS result is valid for 2 years after the test date and TRF can be issued when sat with the British Council only.

1. First name ………………………………… Family name …………………………
2. Tel.No:…………………………………………………………………… Mobile No:………………………………………………
3. E-mail address: …………………………………………………………………………………………………………..
4. Most recent test details: 
   Choose between OIELTS Paper-based or OIELTS Computer-based
   OIELTS for UKVI Paper-based or OIELTS for UKVI Computer-based
   Test Date: ……………/…………/………… (dd/mm/yyyy)
   Candidate Number: ………………………. ID/ Passport Number: …………………………………...
   Test Venue: OLandmark or OChiangmai or OChamchuri Square or OOther…………………………

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 below.
N.B. Please note that no fees of any kind can be refunded in any circumstances.

Signature: ………………………………………………………………. Date: ………/………/……….. (dd/mm/yyyy)

5. Please ✓ on preferred mail service (price per copy)

<table>
<thead>
<tr>
<th>Destination</th>
<th>Original TRF (Including 5 free copies)</th>
<th>Additional TRF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within Thailand</td>
<td>O 60 THB (EMS service fee)</td>
<td>O 560 THB (500 THB for TRF+60 THB for delivery service)</td>
</tr>
<tr>
<td>Overseas</td>
<td>O 1,600 THB (UPS Express mail)</td>
<td>O 2,100 THB (500 THB for TRF+1,600 THB for delivery service)</td>
</tr>
<tr>
<td></td>
<td>O 200 THB (Registered mail)</td>
<td>O 700 THB (500 THB for TRF+200 THB for delivery service)</td>
</tr>
</tbody>
</table>

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

1) O Hard Copy Result
   O Electronically Result *(only institutions shown on the list)* "maximum 5 institutions/test date"

   Name of Department: …………………………………………………………………………………………………………..

   Name of College/University/Institute: ………………………………………………………………………………………

   Address: ………………………………………………………………………………………………………………………

   **Telephone of College, University, Institute: .................................................................

2) O Hard Copy Result
   O Electronically Result *(only institutions shown on the list)* "maximum 5 institutions/test date"

   Name of Department: …………………………………………………………………………………………………………..

   Name of College/University/Institute: ………………………………………………………………………………………

   Address: ………………………………………………………………………………………………………………………

   **Telephone of College, University, Institute: .................................................................

For CS Exams Staff

I have issued receipt no. ……………………………….. for ……… extra copy/copies totalling………….. Baht dated …………..
CS Exams Staff: …………………………………………………………………………………………………………………
Date: ……………………………………………
3) 〇 Hard Copy Result
〇 Electronically Result (only institutions shown on the list) "maximum 5 institutions/test date"

Name of Department:

Name of College/University/Institute:

Address:

**Telephone of College, University, Institute: .............................................

4) 〇 Hard Copy Result
〇 Electronically Result (only institutions shown on the list) "maximum 5 institutions/test date"

Name of Department:

Name of College/University/Institute:

Address:

**Telephone of College, University, Institute: .............................................

5) 〇 Hard Copy Result
〇 Electronically Result (only institutions shown on the list) "maximum 5 institutions/test date"

Name of Department:

Name of College/University/Institute:

Address:

**Telephone of College, University, Institute: .............................................

6) 〇 Hard Copy Result
〇 Electronically Result (only institutions shown on the list) "maximum 5 institutions/test date"

Name of Person:

Name of College/University/Institute:

Address:

**Telephone of College, University, Institute: .............................................

7) 〇 Hard Copy Result
〇 Electronically Result (only institutions shown on the list) "maximum 5 institutions/test date"

Name of Person/Department:

Name of College/University/Institute:

Address:

**Telephone of College, University, Institute: .............................................