

## Application for additional TRFs (from closed centres)

Candidates may apply direct to Cambridge ESOL for additional TRFs to be sent direct to receiving organisations, **if** the centre at which you registered to take the test has since closed **and** your request is received at Cambridge within the two year period for which the results remain valid.

Please complete **all** fields accurately, scan the form as a **PDF document** and send it to Cambridge ESOL Application Support ([esolitqa@cambridgeesol.org](mailto:esolitqa@cambridgeesol.org)). For identification your application **must** be accompanied by a scan of your passport or national identity card which clearly shows your photograph.

Your application will take up to 10 working days to process once all of the required information has been received, based on working week of Monday – Friday. Providing an incomplete application will delay this process. **Applications that are not accompanied by passport or National ID card scan will be rejected.**

1. Family Name:  
.....

2. Given Name(s):  
.....  
(These names must be the same as the names on your national identity document/passport)

3. Email:  
.....

4. Tel. No: ..... Mobile No: .....

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: F / M (circle as appropriate)

6. ID Type: Passport / National ID Card (circle as appropriate)  
  
ID Document Number:  
.....

7. Most recent test details:  
  
Centre Number: ..... Candidate Number: .....

Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
.....

Centre Name:  
.....

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

a. Name of Person/Department:  
.....  
Tel No:  
.....  
Name of Organisation:  
.....  
Address:  
.....  
.....  
.....

b. Name of Person/Department:

.....

Tel No:

.....

Name of Organisation:

.....

Address:

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c. Name of Person/Department:

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Tel No:

.....

Name of Organisation:

.....

Address:

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.....

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d. Name of Person/Department:

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Tel No:

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Name of Organisation:

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Address:

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e. Name of Person/Department:

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Tel No:

.....

Name of Organisation:

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Address:

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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 receiving organisations listed above.

Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

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