



IELTS™

Official Test Center



Application for Additional Test Report Forms

An Asterisk () denotes required information. Please type or print legibly.*

Candidate Information							
*Family Name:	<input type="text"/>						
*First Name(s):	<input type="text"/>						
*Address:	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
<input type="text"/>	<input type="text"/>						
*Tel. No:	<input type="text"/>						
*Email:	<input type="text"/>						
*Date of Birth:	<input type="text"/>						
*Passport or PR Card Number:	<input type="text"/>						

(this document must be shown before a TRF can be issued)

Test Information	
Centre Number:	<input type="text" value="CA050"/>
Centre name:	<input type="text" value="ILAC IELTS"/>
Candidate Number:	<input type="text"/>
Location:	<input type="text"/>
*Test Date:	<input type="text"/>

Institution Information									
A	Name of Person/Department: <input type="text"/>								
	Name of College/University/Organization: <input type="text"/>								
	Address of Institution: <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
	Application/Student Number: <input type="text"/>								
	Courier Required: <table border="0"> <tr> <td>Yes</td> <td>Courier to Canada</td> <td>Yes</td> <td>Courier to USA</td> <td>Yes</td> <td>Courier Internation</td> <td>No</td> <td>Electronic or Canada Post</td> </tr> </table>	Yes	Courier to Canada	Yes	Courier to USA	Yes	Courier Internation	No	Electronic or Canada Post
Yes	Courier to Canada	Yes	Courier to USA	Yes	Courier Internation	No	Electronic or Canada Post		
B	Name of Person/Department: <input type="text"/>								
	Name of College/University/Organization: <input type="text"/>								
	Address of Institution: <table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>								
	Application/Student Number: <input type="text"/>								
	Courier Required: <table border="0"> <tr> <td>Yes</td> <td>Courier to Canada</td> <td>Yes</td> <td>Courier to USA</td> <td>Yes</td> <td>Courier Internation</td> <td>No</td> <td>Electronic or Canada Post</td> </tr> </table>	Yes	Courier to Canada	Yes	Courier to USA	Yes	Courier Internation	No	Electronic or Canada Post
Yes	Courier to Canada	Yes	Courier to USA	Yes	Courier Internation	No	Electronic or Canada Post		

Institution Information <i>cont.</i>				
C	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
D	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
E	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>
F	Name of Person/Department:	<input type="text"/>		
	Name of College/University/Organization:	<input type="text"/>		
	Address of Institution:	Suite	Street	
		City	Province/State	Postal Code/Zipcode
		Application/Student Number: <input type="text"/>		
	Courier Required:	Yes <small>Courier to Canada</small>	Yes <small>Courier to USA</small>	Yes <small>Courier Internation</small>

I will use my own credit card

*Complete the Credit Card Authorization from below

Someone else will pay for me

*Download and complete a different Credit Card Authorization form.



Official Test Center

Head Office

688 W. Hastings St., 3rd Floor
Vancouver, BC V6B 1P1 Phone:
+1 (416) 961-5151
E-mail: info@ilacielts.com
WhatsApp: +1 (236) 333-2007

Test Centre

Phone: +1 (604) 248-4982
Ext. 540 or 541

Credit Card Payment Authorization Form

Postage: Test Report Forms			
	Price	Quantity	Total
Test Results Form			\$
includes tax		Total	\$

Optional Courier Fee: Test Report Forms			
	Price	Quantity	Total
Canada			\$
United States of America			\$
International			\$
includes tax		Total	\$

Total	\$
--------------	----

Card Holder's Name: *Family Name:

*First Name(s):

*Credit Card: **MasterCard** **Visa**

*Credit Card Number:

*CVV: *Expiry Date:

I certify that the information on this form is complete and accurate to the best of my knowledge and authorize the IELTS Test Partners to forward a copy of my TRF to the department(s) or institution(s) listed above.

I authorize ILAC IELTS Vancouver to charge \$ _____ CDN to my credit card.

*Digital or handwritten Signature of Card Holder:

*Date:

Clear Entire Form

Clear Institution Information

Clear Credit Card Information

For Office Use Only:					
Received:		Receipt No:		Initial:	
Sent:		Administrator:			
Courier					
Tracking Number A:		Tracking Number B:			
Tracking Number C:		Tracking Number D:			
Tracking Number E:		Tracking Number F:			