



Application for Additional Test Report Forms

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

Candidate Information								
	*Family Name:							
	*First Name(s):							
	Chrost							
	*Address: Apt. Street							
	City ProvinceState Postal Code/Zipcode							
	*- .							
	*Tel. No: *Email:							
	*Date of Birth:							
	(this degree at must be shown							
	*Passport or PR Card Number: (this document must be shown before a TRF can be issued)							
	·							
Ta	st Information							
16	Centre Number: CA050 Centre name: ILAC IELTS Vancouver							
	Centre Number.							
	Candidate Number: Location:							
	*Test Date:							
	rest bate.							
Ins	stitution Information							
Α	Name of Person/Department:							
	Name of College/University/Organization:							
	Address of Institution: Suite Street							
	Address of Institution: Suite Street							
	City Province/State Postal Code/Zipcode							
	Application/Student Number:							
	Courier Required: Yes Courier to Scanada Yes USA Yes USA Yes Courier to USA Yes Courier Internation No Canada Post							
	Courier Required: Yes Canada Yes USA Yes Internation No Canada Post							
В	Name of Person/Department:							
	Name of College/University/Organization:							
	Address of Institution: Suite Street							
	City Province/State Postal Code/Zipcde							
	Application/Student Number:							
	Courier Required: Yes Yes Yes Yes No Electronic or							

Institution Information cont.									
С	Name of Person/Departme	ent:							
	Name of College/Universit	ame of College/University/Organization:							
	Address of Institution:	Suite		Street					
		City			Province/State	е	Postal Code/Zipcode		
	Application/Student Numl	/Student Number:							
	Courier Required:	Yes Canad	er to la	Yes _U	ourier to SA	Yes Courier Internation	No Electronic or Canada Post		
D	D Name of Person/Department:								
	Name of College/Universit	ty/Organi	zation:						
	Address of Institution:	Street							
		City			Province/State	е	Postal Code/Zipcode		
	Application/Student Numl								
	Courier Required:	Yes Canad	er to da	Yes ^C	ourier to ISA	Yes Courier Internation	No Electronic or Canada Post		
E	Name of Person/Department:								
	Name of College/Universit	zation:							
	Address of Institution:	Suite		Street					
		City			Province/State	е	Postal Code/Zipcode		
	Application/Student Numl	II.							
	Courier Required:	Yes Canad	er to da	Yes _U	ourier to SA	Yes Courier Internation	No Electronic or Canada Post		
F	Name of Person/Departme	ent:							
	Name of College/University/Organization:								
	Address of Institution:	Suite		Street					
		City			Province/State	e	Postal Code/Zipcode		
	Application/Student Number:								
	Courier Required:	Yes Courie	er to Ia	Yes _U	ourier to SA	Yes Courier Internation	No Electronic or Canada Post		

Additional Test Report Forms are subject to a \$20.00 CAD administration and processing fee (+5% tax) Please also complete the TRF Payment Form, unless instructed otherwise by a member of staff.





TRF Payment Form

Return to: info@ilacielts.com



Candidate First Name:	Candidate	e Last Name:									
E-mail:											
Additional Test Report Form (TRF)											
For requesting additional results to be sent to your home address or an academic institution of your choice											
TRF/Results		Price	Quantity	Total							
Tax @ 5%											
Total											
Card Holder's First Name: Card Holder's Last Name:											
Card Holder's Address + Postal Code:											
Credit Card: MasterCard Visa C	redit Card Number:	Expiry Date:									
I authorize ILAC to charge to the	e above credit card.		CV	V:							
Card Holder's Signature:	D	ate:									
For Office Use Only											
Receipt No.:	Date:										
Administrator:											