Application for sending Original Test Report Form (TRF) home

1.	Family Na	me:				
2.	Dr Mr	Miss	Ms	(circle as appropriate)		
3.	Other nam	ne/s:				
(Tr					tional identity document/passport)	
4.	Address fo	or corres	pondenc	e:		
5.	Tel No.:			Mobile I	No.:	
6.	Email:					
7.	Date of birt	h:	/	/(day/month/year)	Sex: F / M (circle as appropriate)	
8.	ID Type: F	Passport	/ Nation	al ID Card (circle as approp	priate)	
	ID Docum	ent Num	ber:			
9. I	Most recent	test det	ails:			
Се	ntre numbe	er:		Candidate	e number:	
Da	te: /	·	./	. (day/month/year)		
Се	ntre Name:					
I ca	Request: an not come dress:	e to the E	British Co	ouncil's office to collect my C	Driginal TRF. Please send my original TRF to the following	3
Na	me of Perso	on/ Depa	artment:			
Na	me of Colle	ge/Unive	ersity/Ins	titution:		
Ad	dress:					
PC ser by Po Ex	nding overs registered i st Office. press mail s	seas. Acc mail serv services	cording t vice. Occ can be r	o information from Central F casionally, it may take longe equested for TRF sending o	tnam and registered mail service will be applied for Ti Post Office, it usually takes 3-6 weeks for overseas mails er. Tracking information should follow procedures of Cent overseas; however there will be a charge for this service.	ing
				this form is complete and ac y TRF to the address listed	ccurate to the best of my knowledge and authorise the above.	
Sig	nature:				Date: /	
Fo	r Office use	e only:				
Re	ceipt numb	er:			Done by:	
Nu	mber of cop	oies:			Read by:	
No	rmal \Box	DHL			Administrator's initials:	