



IELTS Payment Form

Surname:	Given Names:
Contact Number: ()	Test Date(s) Applied:
Email Address:	
How did you hear about our centre? :	

Please select the option(s) that apply <input checked="" type="checkbox"/>	Fees	
IELTS Request for Day Transfer (request must be made at least 5 weeks before your first choice test date)	<input type="checkbox"/> \$70.00	
Enquiry on Results (enquiry must be made within 6 weeks of test date)	<input type="checkbox"/> \$160.00	
Request for Additional Test Report (requests will only be accepted if made within 2 years of test date)	<input type="checkbox"/> \$25.00 per copy	Number of Copies: _____
Courier Service (Optional)		Number of Copies:
Please send my Test Report to me at the address provided on my application form by courier, not by mail.	<input type="checkbox"/> \$30.00 - Within Ontario	_____
	\$40.00 - National	_____
Please send my Test Report to institutions indicated on my application form by courier, not by mail.	<input type="checkbox"/> \$55.00 - USA	_____
	\$70.00 - International	_____

Candidate Signature: _____ **Date:** _____

PAYMENT:

MasterCard Visa Discover **Card Holder's Name:** _____

Card Number:

Expiry Date: (MM/YY) **CVC:**

Card Holder's Signature: _____ **Date:** _____

Office Use Only

Total Charges: \$ _____ Payment Approved (Auth.# _____) **Processed Date:** _____

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