

EDUCATION AGENT APPLICATION FORM

Date:			
Name:			
Legal Entity:			
Trading Name:			
ABN:			
Address:			
Phone:		Fax:	
Email:		Website:	

Section 1: Company Description

Please provide a description of your company:

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Section 2: Key Personnel

Please provide an overview of the key personnel within your company: (Attach additional pages as required)

Name:		Position:	
Background			
Name:		Position:	
Background			

Section 3: General

Are you an authorised agent or member of an agent's association?

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What services do you provide or intend to provide to prospective students?

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What is your main country of operations?

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What are your Fees and Charges?			
Section 4: Referees			
Please provide 2 referees:			
Referee 1			
Name:			
Address:			
Phone:		Fax:	
Email:		Website:	
Referee 2			
Name:			
Address:			
Phone:		Fax:	
Email:		Website:	
Authorisation			
Authorisation for Processing			
Action to be taken:	APPROVED	DENIED	
Date Effective:			
Comments:			
Signed:		Position:	
Print Name:		Date Processed:	