



## Training Masters

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ABN: 72 611 635 128

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CRICOS: 03510J

## AGENT APPLICATION FORM

<b>NAME OF AGENCY</b>	
<b>Director`s name</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Person in charge</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Registered address</b>	
<b>ABN Business no.</b>	

When was your company established?
How many educational consultants do you have?
What nationalities do you mainly deal with?
Do you have an office overseas? If you do, please write the address and number below.
How did you hear about us?

We require at least 3 colleges or institutions who can give your company a reference.

Please write the name and contact details for the person in charge below.

	Contact name	Institution	Contact email
<b>Referee 1</b>			
<b>Referee 2</b>			
<b>Referee 3</b>			

I confirm that all given information is correct.

<b>Signature</b>		<b>Date</b>	
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Return to: [admissions@tm.nsw.edu.au](mailto:admissions@tm.nsw.edu.au)

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