

AGENT APPLICATION FORM

| | |
|---------------------------|--|
| NAME OF AGENCY | |
| Director`s name | |
| Phone | |
| Email | |
| Person in charge | |
| Phone | |
| Email | |
| Registered address | |
| ABN Business no. | |

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| 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 |
|------------------|--------------|-------------|---------------|
| Referee 1 | | | |
| Referee 2 | | | |
| Referee 3 | | | |

I, _____, declared that the information provided above is accurate and truthful. I understand that false information may result in the rejection of my application or termination of any agreement. I agree to abide by the terms and conditions set forth by the company.

| | | | |
|------------------|--|-------------|--|
| Signature | | Date | |
|------------------|--|-------------|--|

Please Return complete form to: admissions@tm.nsw.edu.au