

## AGENT APPLICATION FORM

### COMPANY DETAILS

Company Name:	Company/Business Reg. No:
Business Address:	
Postal Address:	
Phone:	Fax:
Email:	Website:
Business Activities	Years in Existence:
Migration Agent Registration Authority Number (MARA):	

### DETAILS OF KEY DIRECTORS AND EMPLOYEES

Title:	Name	Position:
Qualifications and Previous Experience:		
Title:	Name	Position:
Qualifications and Previous Experience:		
Please list other education institutions or Universities you have represented or currently represent in Australia or another country		

### YOUR COMPANY PROFILE: PLEASE ATTACH DETAILS

Please attach your 'Company Profile' in English.  
The Company Profile must include the history of the company, number of employees, other organisations that your company represents and an overview of the company's main activities.

### PLEASE COMPLETE THE FOLLOWING QUESTIONS:

The total number of students referred to Australian education institutions over the past 2 years

High School & ELICOS Courses:	Vocational Course:
Undergraduate Course:	Post Graduate Course:



## REFEREES

Please list the names and contact details of two academic referees

Contact Name:

Phone:

Name of Institute:

Email:

Contact Name:

Phone:

Name of Institute:

Email:

## SIGNATURE OF AUTHORISED PERSON

First Name:

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Last Name:

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Position in the Company:

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Email:

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Direct Mobile No:

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Signature:

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Date:

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## Document Checklist

Please send us the documents mentioned below with Agent Application Form:

Check	Item	Supplied	Verified	Approved by PEO
<input type="checkbox"/>	Evidence of business registration			
<input type="checkbox"/>	Company/ business profile, including information on owners and staff and a description of your company's services			
<input type="checkbox"/>	Copies of current insurance policies relevant to agency Business (E.g.: Public Liability etc)			
<input type="checkbox"/>	Supporting promotional materials/ information provided to international students, including website URL			

### Office Use Only:

Verifications are to be completed

Further Evidence Required & Due Date / /  Yes  No

Approved  Not Approved  Date / / Initial Authorised Person:

Name: Signature:

Position: Date: / /