

Education Agent Application Form

COMPANY PROFILE	NOMINATED REFERENCES		
Company Name:	Street Address:		
Trading as:	Suburb City:		
State Address:	State:		
Suburb City:	Country: Postcode Zip:		
State:	Telephone:		
Country: Postcode Zip:	Contact Email:@		
Telephone:	Website:		
Contact Email:@	Referee Two		
Website:	Company Name:		
	Name:		
COMPANY PRIMARY CONTACT OFFICER	Position:		
Name:	Street Address:		
Position:	Suburb City:		
Telephone:	State:		
Email:@	Country: Postcode Zip:		
	Telephone:		
COMPANY CORPORATE DETAILS	Contact Email:@		
ABN (if located in Australia):	Website:		
	REQUIRED SUPPORTING EVIDENCE CHECKLI	IST	
Details of Registering Country Authority (if located Offshore):	Application Supporting Evidence Document (Required)	Yes	No
Business Profile:	Completed Australian International Institute of Technology Agent Application Form		
Key Business Activities: Year Founded:Years as an Education Agent:	Certificate of Registration of Business Name / Company (Verified)		
Number of Employees: Number of Offices:	Business Registration Certificate (Supplied)		
Sub-Agencies:	Proof of professional membership, e.g. Migration Agent's Registration Authority (MARA), QEAC, EATC, PIER, ICEF Certification and or M (Verified)		
	Business Profile, Summary of Overview, Presentation, etc.		
TARGET MARKET Please indicate the geographical territory you will service:	APPLICANT DECLARATION		
	I, the undersigned, declare that the information contained in complete, factual, and accurate in all respects.	n this f	orm is
Provide a description of your target market trends, demands, etc.:	Applicant Name:		
NOMINATED REFERENCES	Applicant Signature:		
Referee One	Application Date:		
Company Name:			
Name:			
Position			