

AGENT APPLICATION FORM

Company Details	
Company Name:	
Trading Name (if different):	
ABN or Company Number (Registered in Australia)	
Local Business Registration Number (Registered Overseas)	
Business Address (no PO Box):	
Postal Address (if different):	
Website:	
Email:	
Phone Number:	

Director / Chief / Executive Officer (CEO)	
Full Name:	
Qualification(s) and Experience:	
Phone Number:	
Email:	

Contact Person Details (if different from director/COE)	
Full Name:	
Position:	
Qualification(s) and Experience:	
Phone Number:	
Email:	

Please **describe** your main business **activities** conducted.

How long has your business been operating?

How many staff does your business employ?

How many students would you expect to recruit for ASMI College on an annual basis?

Please list the nationalities of students that you recruit

Do you have offices overseas? If yes, please specify the countries and contact details

Do you provide any advice on visa requirements; and/or assist with lodging visa applications; and/or correspond with the Department of Home Affairs on your client's behalf. If you answered "yes" to any of them, please provide the information below.

Are you registered with Migration Agent Registration Authority (MARA)?' If yes, please specify your Migration Agent Registration Number.

THRID PARTY ENGAGEMENT

Do you have any Migration Agent who is currently registered with MARA working with your company? If yes, please provide the name of the migration agent, MARN, and a Memorandum of Understanding (MOU) or contract between your company and the migration agent.

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Please provide the names and contact details of two (2) references (at least one must be from an Australian education provider):

Reference Details	
Referee 1	
Institution name	
Phone Number	
Email	
Position	
Reference Details	
Referee 2	
Institution name	
Phone Number	
Email	
Position	

I declare and certify that the information provided in this form and any attached documents is true, accurate and does not contain misleading information in any way. I acknowledge that the provision of false or misleading information may be grounds for terminators of agreement. I shall immediately inform ASMI College, in writing, of any changes to the information provided in this application form.

Full Name of CEO or Authorized Person: _____

Signature of CEO or Authorized Person: _____

Date Signed: _____

FOR OFFICE USE ONLY	
Checklist:	Comment:
<input type="checkbox"/> Business registration <input type="checkbox"/> Business background summary <input type="checkbox"/> Agent reference check form <input type="checkbox"/> Marketing materials <input type="checkbox"/> Third Party Engagement Evidence <input type="checkbox"/> Others	

Signature of ASMI College Authorised Person: