Level 8, 22 Market Street, Sydney NSW 2000 Australia

T: +61 2 9299 8889 E: info@victory.nsw.edu.au WWW.VICTORY.NSW.EDU.AU



AGENT AGREEMENT APPLICATION

*Please attach a copy of yo	our business profile with Agent A	Agreement Applica	tion							
Company Name			ABN (IF AVAI	ILABLE):						
Main Office C	ontact Details									
Contact Name(s): _				Pc	sitior	n:				
Country code	Area code Number	Mohile: (ntry code Area code Number	Fa	יאי (ountry code	e Area	a code	Number	
		Mobile: () () Fax: () ()								
			_ Country:		Postcode:					
Agent Details										
			Venue in ad	tion		.ltatia				Vaana
	Years in education consultation: Number of staff in students section:									
			Number of students sent t							•
Main Business:										
Service provided to	students: Accommoda	tion Airpo	ort Pickup Other:							
Australian institutio	ns represented:									
Countries Represen	ted:									
Have you worked in	conjunction with anoth	er agent previo	ously?							
No Yes ▶	What is the name?									
Please provide details of othe	r offices where applicable									
Other Branch	es Details									
Branch Name1:			Branch Name2:							
Contact Name:			Contact Name:							
Position:			Position:							
Phone:	Country code Area code Numbe	r	Phone:	Country (ode) (Area code	Number	г		
Mobile:	Country code Area code Numbe	r	Mobile:	Country	code	Area code	Number	r		
	Country code Area code Number	r		Country) (Area code	Number	r		
Fax:	() ()		Fax:	() (_)			
Email:			Email:							
Company Address: (Postal)			Company Address (Postal)	:						
		Postcode:	stcode: Postcode: _							

Refferees

List two referees fi	rom education institutes that your agency re	epresents. One of the ref	erees must be in Australia.
Contact1:		Contact2:	
Position:		Position:	
Institute:		Institute:	
Phone:	Country code	Phone:	Country code
Mobile:	Country code Area code Number () ()	Mobile:	Country code
Fax:	Country code	Fax:	Country code
Email:		Email:	
Company Address: (Postal)		Company Address: (Postal)	
	Postcode:	_	Postcode:
Declarations			
We are interesting	Victory Institute as an Education Agent and	we agree to do so in an	honest and professional manner.
		Name:	
		Signature:	
		Date:	