

! Please attach a copy of your business profile with this form.
! For agent's agreement renewal, please complete Main Office Contact Details only and sign the declaration.

Company Name

Business Name

ABN
if available

MAIN OFFICE CONTACT DETAILS

Please only fill out this section for renewing agent's agreement.

Contact Name

Position

Company Address (Postal)

Phone & Fax P. F.

Mobile

Email

Website

OTHER BRANCHES CONTACT DETAILS

Branch Name (1)

Contact Name

Position

Company Address (Postal)

Phone & Fax P. F.

Mobile

Email

REFEREES

Referees Name (1)

Position

Institute

Company Address (Postal)

Phone & Fax P. F.

Mobile

Email

AGENT DETAILS

Years in education consultation years

No. of staff in students section people

No. of students sent to Australia students
per year

Main Business

Service provided to students

Accomodation Airport Pick Up Other

Australian Institution represented

Countries represented

Have you worked in conjunction with another agent previously?

No Yes - Please specify

Branch Name (2)

Contact Name

Position

Company Address (Postal)

Phone & Fax P. F.

Mobile

Email

Referees Name (2)

Position

Institute

Company Address (Postal)

Phone & Fax P. F.

Mobile

Email

DECLARATIONS

We are interested in Victory Institute as an Education Agent and we agree to do so in an honest and professional manner.

Name: _____ Date: _____