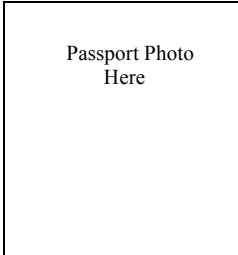


**GOLD COAST DIVE CENTRE AND MARINE
TRAINING COLLEGE**



CRICOS Provider Number 03464K
RTO Provider Number 40864

Become an Agent Application of GCDC & MTC

Family Name: _____ Given Names _____

Date of Birth: ____/____/____ Gender: Male Female
Day Month Year

Contact Address; _____

City _____ Postcode _____

Telephone _____ Mobile: _____ Fax; _____

Email: _____

Company Name that you represent ;
Your Position within the company: _____
Company name; _____ **ACN;** _____
ABN; _____ **ph;** _____ **fax;** _____
Email; _____
Address; _____ **City;** _____ **Postcode;** _____
Country; _____

Please tell us in a few words the history of the company you represent and any other relevant information you may like to share in order to consider your application to become an agent of GCDC & MTC.

Declaration:

I declare that to the best of my knowledge, the information provided by me in this Application to become an agent is true and correct in every detail, accepting become an agent of GCDC&MTC I will abide by the rules and policy procedures of the college.

Signed:..... Dated:...../...../.....

Other important information can be found at www.goldcoastdivecentre.com.au

Gold Coast Dive Centre and Marine Training College
56 Paradise Avenue Miami 4220 Australia www.goldcoastdivecentre.com.au
Tel: 61-7 5572 0511 Fax: xxxxxxxxx Email: goldcoastdivecentre@gmail.com