



Agent’s Application-Agreement - Policy to Represent Gold Coast Dive Centre and Marine Training College

CRICOS Provider Number 03464K

Agents Company Name:			
Trading as:(if applicable):			
Australian Business Number (ABN):	- - - - -		
Australian Company Number (ACN):	- - - - -		
Are you Registered for GST:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please attach a copy of your business registration certificate to this application:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Australian Migration Agency Number if applicable:			
Head Office Address	City:	State:	
	Post code:		
	Contact Number:		
	Mobile Number:		
	Email:		
Office Address In Australia	City:	State:	
	Post code:		
	Contact Number:		
	Mobile Number:		
	Email:		
Directors Names:			

How long has this Business been operating? _____

List institutions you are currently representing in Australia: _____

How do you promote International Education? _____

What is your projected number of students you plan to send to:

a) Australia _____

b) our college in the next six months _____

List the most popular courses you promote now:

What courses do you feel will be popular in the future?

What representation fee would you expect to receive?

Please provide references of three institutions that you represent

Institution Name	Contact Name	Contact Number

Name of Director: _____

Signature of Director: _____

Date: ____ / ____ / ____