



Education Agent Services Application Form

Please complete and email this form to IIB with attention to Marketing Team marketing@iib.edu.au

Registered Business Name			
Local Trading Name			
ABN/ACN/Company Registration No <i>(if it is an Australian-based company)</i>			
Head Office Address			
Town/ City			
State		Postcode	
Country		Website	
Principal Contact Person	Mr / Mrs/ Ms/ Dr/ Others		
Point of Contact Person	Mr / Mrs/ Ms/ Dr/ Others		
Role Position			
Phone		Fax	
Email Address			
Referees <i>(Please provide details of at least two contactable referees from education providers you have been associated with)</i>			
Referee # 1	Contact Name		
	Institution Name		
	Contact Number		
	Email address		
Referee # 2	Contact Name		
	Institution Name		
	Contact Number		
	Email address		



Company/Business Profile <i>(Please provide a brief introduction of your company/business). Attach an official copy of your company/business profile</i>			
Representation of other Institutes/Universities <i>(Please provide details of 4 Australian education providers you represent)</i>	1.	3.	
	2.	4.	
Education Agent Registration No <i>(if applicable)</i>			
Migration Agent Registration No <i>(if applicable)</i>			
Main Recruitment Markets or Regions	1.	3.	
	2.	4.	
Type of courses serviced to students & number of enrolments	<input type="checkbox"/> English	<input type="checkbox"/> VET	<input type="checkbox"/> HE
Do you work with sub-agents?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please provide names and cities	1.	3.	
	2.	4.	
Bank Name			
Branch Name			
Bank Address			
Account Name			
Account Number			
Branch Code		Swift Code	
Signature		Date	

Attach: Please attach a copy of your company/business registration with this form (Certificate of Registration).