

Education Agent Application Form

ICNZ-EA01

Please complete and email this form to the principal@imperial.ac.nz

Business Name			
Business Number			
Head Office Address			
Contact Person(1)			
Contact Person(2)			
Phone		Fax	
Email			
Website			
Referees (please provide details of at least two contactable referees)	1.		
	2.		
Institutes/ universities (please provide details of 4 institutes you represent)	1.	3.	
	2.	4.	
Company/ Business Profile (please provide a brief introduction of your company/business) (Attach an official copy of your company/ business profile)			
Main Recruitment Markets or Regions	1.	3.	
	2.	4.	
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.	
Signature	_____ <input type="checkbox"/> I hereby give consent to contact the referees mentioned in the application form including INZ.		Date:

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