

Education Agent Application Form

ICNZ-EA01

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

Business Name			
Business Number			
Business Address			
Contact Person (1)			
Contact Person (2)			
Phone			
Email			
Website			
Referees <i>Please provide details of at least two referees</i>	1.		
	2.		
Institutes/Universities <i>Please provide details of at least two institutes you represent</i>	1.		
	2.		
Business Profile <i>Please provide a brief introduction of your company/business (Attach an official copy of your company/ business profile)</i>			
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.	
<input type="checkbox"/> I hereby give consent to contact the referees mentioned in the application form including INZ.			
Signature: _____ Date: _____			