

AGENT APPLICATION FORM



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Company Name:

Australian Business Number (ABN) if applicable: GST registered? Yes No

Australian Migration Agency Number if applicable:

Address:

Phone: Mobile:

E-mail: Web:

Director or Contact person: Number of years of business operation:

Professional Development: PIER course completed: Yes No Other:

How can AIST assist you in regards to marketing and promotions?

List nationalities of intended students:

Number of students you will enrol, for AIST, in a 12-month period:

From which Countries or Regions do you wish to recruit students?

Referees:

Contact Person	Company Name	E-mail Address	Phone Number

Applicant's Signature

Date

Applicant's Name: