



## Agent Application Form

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000  
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: [info@ashmark.edu.au](mailto:info@ashmark.edu.au) <http://www.ashmark.edu.au>

### Agent's Details

Company Name: \_\_\_\_\_

Director(s) Name: \_\_\_\_\_

ABN (If Available): \_\_\_\_\_

### Head Office Contact Details

Name(s): \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

### Agent Information

Years in Australian education: \_\_\_\_\_

Number of Students sent to Australia previous year:     ELICOS     VET     OTHERS

Services provided to students: \_\_\_\_\_

No. of staff in students section: \_\_\_\_\_

Member of Association(s): \_\_\_\_\_

Countries representing: \_\_\_\_\_

Australian Institution representing: \_\_\_\_\_

Have you worked in conjunction with another agent previous?  No  Yes If Yes (details) \_\_\_\_\_

List two referees from Australian Educational Institutes that your Agency represents:

**Referee 1**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**If you have Branch offices please provide details.**

Branch Name: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Branch Name: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**If you have Branch offices in Australia please provide details.**

Branch Name: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Branch Name: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Please send the copy of the under mentioned along with this application.**

- |   |   |
|---|---|
| <b>1. Company profile</b>   | <b>5. Migration Agent Registration Authority (MARA) Registration</b>                          |
| <b>2. Marketing proposal</b>  | <b>6. Qualified Education Agent Counsellor (QEAC) Registration</b>                            |
| <b>3. Registration Certificate</b>  | <b>7. ISANA Certificate (<a href="http://www.isana.org.au/">http://www.isana.org.au/</a>)</b> |
| <b>4. Association of Australian Education Representative in India (AAERI)</b> | <b>8. Two representative certificate of Australian Educational Institute</b>                  |

**DECLARATION: I am interested to represent The Ashmark Institute of Australia as an education agent in a professional manner. All the information provided in this form is accurate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**AGENT'S STAMP**