AGENT APPLICATION FORM

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:

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Company Name</th>
<th>E-mail Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant’s Signature ................................................. Date .................................................

Applicant’s Name: .......................................................................................................................................