## AGENT APPLICATION FORM



| DATE OF APPLICATION:                               | <del></del>  |
|--|--|
| AGENT DETAILS                                      |  |
| Agency Name:                                       | Telephone:   |
| Contact Person                                     | Mobile:  |
| Address:   | Email:   |
|  | Website:   |
|  | GST No.:   |
| Company Registration Date:                         |  |
| Do you have a branch in any other coun             | try? Yes □ No □  |
| If yes, please give name, address, and co          | ontact details:  |
|  |  |
| How many students have you sent to high            | gh school in New Zealand:  |
| This year  | _  |
| Last year  | _  |
| Please give the name of three other N worked with: | New Zealand institutions (preferably high schools) that you have |
|  |  |

## AGENT APPLICATION FORM



| Names and email contact details of two referees:      |          |  |
|---|----------|--|
| Are you an ENZ-recognised specialist NZ agent?        | Yes □ No |  |
| Has any NZ institution ever refused to work with you? | Yes □ No |  |

Please give the Agent Referee Form to each of your referees and ask them to email it back to <a href="mailto:tmccrindle@pakuranga.school.nz">tmccrindle@pakuranga.school.nz</a> once completed.