

AGENT APPLICATION FORM



DATE OF APPLICATION: _____

AGENT DETAILS

Agency Name:	Telephone:
Contact Person	Mobile:
Address:	Email:
	Website:
	GST No.:
Company Registration Date:	

Do you have a branch in any other country? Yes ☐ No ☐

If yes, please give name, address, and contact details:

How many students have you sent to high school in New Zealand:

This year _____

Last year _____

Please give the name of three other New Zealand institutions (preferably high schools) that you have worked with:

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Has any NZ institution ever refused to work with you? Yes ☐ No ☐

Are you an ENZ-recognised specialist NZ agent? Yes ☐ No ☐

Names and email contact details of two referees:

Please give the Agent Referee Form to each of your referees and ask them to email it back to tmccrindle@pakuranga.school.nz once completed.