



RTO No: 91746 CRICOS Provider: 03248G Level 5&7, 140 Elizabeth Street Sydney NSW 2000

Ph: 02 9299 8766

Email: admin@sibn.nsw.edu.au

Web: www.sibn.nsw.edu.au

## **Agent Application Form**

Agent details Legal name:
Trading name:
ABN number:
Physical address:
Postal address:
Telephone:
Fax:
Email:
Which countries do you predominantly recruit students from?
Names of agent's staff involved in recruiting students
Do you regularly monitor the DOH website and the Australian Department pf Education website

## **Required attachments**

Item	Supplied	Verified	Approved by Marketing Manager
Evidence of business registration			
Character references			
Institution Name:			
Contact Person:			
Position:			
Contact Number: Email Address:			
Email Address.			
Institution Name:			
Contact Person:			
Position:			
Contact Number:			
Email Address:			
Completed agent agreement			

Agent's signature:

Name of agent:

ABN: 82 138 825 224



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## **AGENT FORM (PRISMS)**

MARA/ Overseas Educa	tion Agent ID:
Business Name:	
Trading Name:	
Contact	
Title	:
Family Name	:
Given Name	:
Given Name2	:
Date of Birth	:
Email Address	:
Business Phone	e:
Business fax	:
Residential Pho	one :
Residential Fax	C:
Mobile	:
Business Address	
Line 1	·
Line 2	·
Suburb	·
	·
Country Post Code	
Fost Code	:
Post Address	As Above
Line 1	:
Line 2	:
Suburb	1
Country	:
Post Code	:
Suburb Country	: