



# WINDSOR INSTITUTE OF COMMERCE

A.B.N. 19 080 559 600  
RTO No. 90501

CRICOS Provider Code: 01856K

T. +61 2 9283 4388  
F. +61 2 9283 0748  
E. [info@windsor-ic.com.au](mailto:info@windsor-ic.com.au)  
[www.windsor-ic.com.au](http://www.windsor-ic.com.au)  
Level 5, 127 Liverpool Street  
Sydney NSW 2000 Australia

## Agent Application Form

- Please complete this form and return it to us with the supporting documents e.g. Company registration certificates, company profile (if applicable) & etc by email [info@windsor-ic.com.au](mailto:info@windsor-ic.com.au)
- Please note **Agent Agreement** and **Agent Certificate** may take up to 2 weeks from the submission of this form.

Company legal entity:	
Company trading name:	
Australian business number (if applicable):	
Australian migration agency number (if applicable):	
Address:	
Phone:	Fax:
Mobile:	
E-mail:	Website:
Director(s):	

How long has your business been operating?
List of three institutions you are currently representing in Australia:
1.
2.
3.
How do you promote Australian International education and how will you promote our Institute?
<input type="checkbox"/> Onshore <input type="checkbox"/> Offshore <input type="checkbox"/> Others (Please specify):

The countries/regions covered by your Agency:

What is your projected number of students you plan to send in the next six months?
List the three most popular courses your Agency is currently promote now:
1.
2.
3.



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## REFEREES

1. Institution:

Contact person:

Position:

Contact details:

2. Institution:

Contact person:

Position:

Contact details:

Name of Director/Authorise Person: \_\_\_\_\_

Signature of Director/Authorise Person: \_\_\_\_\_

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

## OFFICE USE ONLY

Referees checked by: \_\_\_\_\_

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

Agent Agreement prepared by: \_\_\_\_\_

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

Agent Certificate number: \_\_\_\_\_

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