

APPLICATION FORM EDUCATIONAL AGENT & CONSULTANT



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Tasman International Academies

AGENT INFORMATION

Full Trading Name :

Physical Address:

Mailing Address (If different from above):

Post Code :

Country:

Phone:

Fax:

Email:

Website:

Are you licensed and regulated by Immigration New Zealand? Yes No

If yes, please state following information and attach a copy of your IAA licence.

Name of License

Number of license

CONTACT 1. Director/ MD

Name :

Email:

Phone:

CONTACT 2.

Name :

Designation:

Email:

Phone:

Address (If different from the main office):

CONTACT 3.

Name :

Designation:

Email:

Phone:

Address (If different from the main office):

REFERENCE 1 : Please provide two organisations that will act as referees for you in this application.

Name :

Agency start date:

Email:

Phone:

Name :

Agency start date:

Email:

Phone:

DECLARATION

- I declare that the information is true and correct.
- I understand and agree to abide by the terms of the Agreement.

Signature:

Name:

Date: