

For becoming an authorised agent of Newgen Education, please complete this form print it and send it for processing with signature and valid referees on it.

Agency Details

A Sole Proprietor <input type="checkbox"/>	Name of Proprietor:	
or a Partnership Firm <input type="checkbox"/>	Name / Names of partners:	
or an incorporated company <input type="checkbox"/>	Registered Name:	
	Trading as <i>if different</i> :	
	Name / Names of Directors:	
	Place of Registration:	
	Date of Registration:	
	Expiry Date <i>if any</i> :	
<i>ABN or any equivalent Number</i>	Australian ABN Number:	
Head Office Address:		
Which Countries would you like to represent:		

Contact Details

Name of Chief Operating Officer:		
Phone:		Mobile:
Name of Main Contact Person:		
Phone:		Phone:
Email:		Fax:
Website:		Mobile:

Organisational Profile

Number of Offices:		Locations:	
Member of any Professional or Industry body/ bodies:			
Courses your most Client interested in: <i>Please tick relevant boxes</i>			
<input type="checkbox"/> Vocational Education	<input type="checkbox"/> General English	<input type="checkbox"/> Post Graduate	
<input type="checkbox"/> Academic English	<input type="checkbox"/> Under Graduate	<input type="checkbox"/> Others: <input type="text"/>	
Comments:			
Representing Australian Educational Institutions:			
Name of Institution	Representing Since	Number of students recruited till date	
1			
2			
3			

Organisational Profile Continues. . .

Does your organisation represent any other countries Educational Institutions: If yes...

Name of Institution	Country	Representing Since
1		
2		
3		

How many students you aim to recruit for Newgen Education If appointed as an Agent in first year:

Do you charge prospective students a fee or intending to do so:

References

Must provide two references (at least one referee must be an Australian educational Institution)

1	Company:		Position:	
	Contact Person:		Contact Number:	
	Email:			
2	Company:		Position:	
	Contact Person:		Contact Number:	
	Email:			

Declaration

I confirm that the information provided on this application is true and accurate to best of my knowledge. I also authorise Newgen Education to contact referees. I acknowledge that approval of our application is conditional on Issuance and signing of 4.3 and 4.3.1 Agent Agreement between Newgen Education and Agency Name in accordance with National Code 2007. I am interested in representing Newgen Education as an education agent and I agree to do so in an honest and professional manner

Agents Signature	Date:
Name:	Position:

Please Return Completed form along with Business profile and Business registration to:

Agent Approved on:
 Approved by:
 Agent Code:
 Commission % Approved by D / S:

Email: marketing@newgen.edu.au
 Mail: Unit 1 108 Johnston St, Collingwood,
 VIC, 3066, AUSTRALIA

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