

Education Agent Application Form

Company Details			
Company Name:			
Street Address:			
Postal Address: (if different from above)			
ABN:		Phone:	
Website:		Email:	
Contact Details			
Company Director:			
Email:		Phone:	
Main Contact Name: (if different from above)		Position:	
Email:		Phone:	
Do you have any other sub-offices or branches?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Additional Location/s: (if applicable)			
Number of years as an education agent:		Year Founded:	
Are you a qualified and registered migration agent?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Are you familiar with DoHA?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Please attach a copy your company profile or indicate where this information can be found on your website:	<input type="checkbox"/> Attached <input type="checkbox"/> Website location:		

Payment Details

Students will make their payments directly to EIM International and Agents will invoice EIM International for each payment made. EIM International will pay any fees payable within 30 days of receipt of a valid invoice from the Agent.

Marketing

(attach additional sheets if more space is required)

Please indicate the countries/continents you service:	
How do you/will you service this area:	
Who is your target market?	
On average how many students do you send to colleges/universities per year?	
What services do you provide for students?	
Please provide details of any fees you charge students:	

Professional Referees

Details of at least 2 referees must to be provided. At least 1 must be an educational referee. The 2nd can be either educational or a student who has previously used your services. Additional pages can be attached if required.

Referee 1: (Please indicate type)	<input type="checkbox"/> Educational	<input type="checkbox"/> Student
Name:		
Position:		Phone: <input type="text"/>

Organisation:		Email:	
Referee 2: (Please indicate type)	<input type="checkbox"/> Educational	<input type="checkbox"/> Student	
Name:			
Position:		Phone:	
Organisation:		Email:	
Declaration			
I declare that the information contained in this application is true and correct and that all documents are genuine.			
Agent Name:		Signature:	Date: