

CRICOS Agent Application



Please complete your applications in block letters

COMPANY DETAILS			
Trading Name:			
Legal Name:			
Australian Business No.		Registered for GST	
Physical Address:			
City/Town:		State	
		Postcode:	
Postal Address:			
City/Town:		State	
		Postcode:	
Phone No.:		Fax No.:	
Email address:			
Contact details for Accounts – Remittance Advices			
Name:			
Title:			
Email Address:			
Phone No.:		Fax No.:	

BANK DETAILS			
Name:			
Address of Bank:			
Account Title:			
Branch Number (BSB)		Swift Code:	
Bank Account Number:		Currency:	
IBAN or ACH or Wire Routing			
Signature:		Date:	/ /

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PERFORMANCE	
Please list any other Institute/University/Educational Institution you have represented or currently represent in Australia or another country:	
Number of students referred to Australian educational institutes over the past 2 years	
From which geographical area will your potential market come from?	

REFERENCES	
<i>List two referees from the Australian Education Industry with the valid email address and telephone number.</i>	
Institute name:	
Address:	
Contact Person:	
Email address:	
Contact number with area code:	
Institute name:	
Address:	
Contact Person:	
Email address:	
Contact number with area code:	

COMPLIANCE	
Do you understand and explain to applicants the requirements of the Education Services for Overseas Students (ESOS) Act 2000 and National Code as and Education Agent?	YES / NO
Do you regularly monitor The Department of Immigration and Border Protection (DIBP) website www.immi.gov.au and The Australian Government Department of Education website www.education.gov.au ; www.internationaleducation.gov.au ?	YES / NO
Do you understand that students coming to Australia on a student visa must have a primary purpose of studying and must study full time?	YES / NO

DECLARATION			
<i>I confirm that the information provided is true and accurate to the best of my knowledge and I authorise Outsource Institute of Technology to approach referees to collect any information/details as you may request from time to time.</i>			
Signature		Name of Contact Person	
Date		Position	