

| Agent Application Form                                                       |  |  |  |  |  |
|------------------------------------------------------------------------------|--|--|--|--|--|
| Legal name                                                                   |  |  |  |  |  |
| Trading name                                                                 |  |  |  |  |  |
| Physical address                                                             |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| Australian Company Number (ACN) (if applicable):                             |  |  |  |  |  |
| Australian Business Number (ABN) (if applicable):                            |  |  |  |  |  |
| Australian Migration Agency Number (if applicable):                          |  |  |  |  |  |
| Postal address                                                               |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| Telephone                                                                    |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| BUSINESS BACKGROUND                                                          |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| How long have you been in business?                                          |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| Number of international students recruited for study in Australia each year: |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| List of other institutions you are currently representing in Australia:      |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| List of countries you operate from:                                          |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| List the courses you promote to enrol students into:                         |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
| Names of agent's staff involved in recruiting students                       |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |
|                                                                              |  |  |  |  |  |



| Services provided to   | o stude  | nts (Please check in appro     | priate box)                   |                         |
|------------------------|----------|--------------------------------|-------------------------------|-------------------------|
| Student counselling    |          | Pre-departure briefing         |                               |                         |
| Visa Application       |          | Follow up with parents         |                               |                         |
| Other services (Pleas  | e Specif | ý):                            |                               |                         |
| Do you charge studer   | nts addi | tional fees for the above serv | vices? Yes                    | No                      |
|                        |          |                                |                               |                         |
| How do you promot      | e inter  | national education and ho      | w will you promote Royal l    | Building Academy (RBA)? |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
| Referees               |          |                                |                               |                         |
| Please indicate two re | eferees  | from Australian educational    | institutions that you represe | ent (one mandatory)     |
| Reference 1            |          |                                |                               |                         |
| Organisation Name: .   |          |                                |                               |                         |
| Contact Person:        |          |                                |                               |                         |
| Position:              |          |                                |                               |                         |
| Address:               |          |                                |                               |                         |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
| Telephone              |          | Fax                            | email                         |                         |
| Reference 2            |          |                                |                               |                         |
| Organisation Name: .   |          |                                |                               |                         |
| Contact Person:        |          |                                |                               |                         |
| Position:              |          |                                |                               |                         |
| Address:               |          |                                |                               |                         |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
|                        |          |                                |                               |                         |
| Telephone              |          | Fax                            | email                         |                         |



As our authorised agent, we are responsible for your actions in marketing our courses and therefore we expect you to market them with integrity and accuracy as outlined in the National Code 2018 (National Code of Practice for Providers of Education and Training to Overseas Students 2018) and ESOS (Education Services for Overseas Students Act) 2000. Please confirm that you have read and understood this Act.

| O Yes, I confirm that I have read and understand t | his act. |          |                     |
|----------------------------------------------------|----------|----------|---------------------|
| Name of agent                                      |          |          |                     |
| Agents signature                                   |          | Date     |                     |
| Required attachments (for RTO office use only)     |          |          |                     |
| Item                                               | Supplied | Verified | Approved by RTO CEO |

| Accountants or lawyers' reference |  |  |
|-----------------------------------|--|--|
| Character references              |  |  |
| Completed agent's agreement       |  |  |
|                                   |  |  |

Evidence of business registration