



# Brisbane College of Australia

## AGENT APPLICATION FORM

Company Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Director Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

**Please attach** (both documents are required to process the application):

Company Profile

Company Registration Certificate

**Please provide two business references below:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the form to BC by:**

**Email:** study@bc.edu.au **Mail:** PO Box 10704, Adelaide Street, Brisbane Qld 4000, Australia