

Version 3: 01/08/2014

246-FM-MGS Agency Representative Application

Australian Busin						
nustraliari DUSII	ness Number (ABN	l) if applicable:		GST	registered? Yes □ No □	
Australian Migra	ation Agency Numl	per if applicable: .				
Address:						
Phone:			Mobile:			
E-mail:			c:			
Director or Contact person:			Number of years of business operation:			
Professional De	evelopment: PIER	course completed	: Yes □ No □ Other:			
	assist you in regard	-	nd promotions?			
	s of intended stude					
Commission rat	e expected from M	IGS%.				
Number of stud	ents you will enrol	for MGS in 12 mo	onths.			
To MGS	Junior: Yrs 7-10		Senior: HSC	HSP	HSP	
	1			<u> </u>		
·	pular courses you	•				
□ Junior Courses (Years 7-10) □ Ser		□ Senior C	Sourses (HSC Years 11-12)	□ HS		
□ University		□ VET	_ E		glish	
Referees						
Contact Pe	erson C	ompany Name	E-mail Address		Phone Number	
Director's name):	Direc	ctor's signature:		Date: //	
			•			

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