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**Education Agent Application Form**

Please complete and return this form to Lianne Saunders, Director of Marketing and Business Development lianne@kalandra.ac.nz

Following reference checking you will be advised if we can offer you an Education Agency Agreement.

|  |  |
| --- | --- |
| Agency Name |  |
| Agency Signatory & Title |  |
| Physical Address |  |
| Mailing Address(If different from above) |  |
| Phone |  | Fax |  |
| Email |  |
| Website  |  |
| Please name a member of staff that we can contact for updates and queries throughout your service with us. | Our contact person: |
| Contact person’s email |
| Contact person’s phone number: |
| **References**List 2-3 Education Providers you have an Agency Agreement with – preferably in New ZealandProvide Name and Contact email address for each. | Education Provider 1Education Provider 2Education Provider 3 | Contact Person and EmailContact Person and EmailContact Person and Email |
| **Volume of Students and Promotional Activity** | Specify Number of Students you have sent to New Zealand in the last year? | What Promotion of Kalandra Education Group programmes will you undertake each year? |
| **Commission Payment**Details(Please tick preferred option) | **Payment in NZ** * Cheque
* Direct Credit
 | **Provide the following** **when** **making payment:** Bank Payee Name Name and Address Account Name and Number  Swift Code / Corresponding Bank   |
| **Overseas Payment** * Bank Draft

 * Currency Preference
* Clearing Country (for Euro Payments)
* Telegraphic Transfer

  | **Please provide the** **following when you send in your Commission Invoice:** Payee Name Bank Name and Address Account Name and Number  |