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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](mailto: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 Zealand  Provide Name and Contact email address for each. | Education Provider 1  Education Provider 2  Education Provider 3 | | Contact Person and Email  Contact Person and Email  Contact 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 | |