



THE CENTRE OF EXCELLENCE

Agent Application form to represent The Centre of Excellence - International

Company Name			
ABN/ACN			
Address :			
Phone :		Mobile :	
Fax :		Email :	
Website:			

Referees (Note: your agreement depends on the response of your references)

Organisation	Contact Name	Contact Details

Business/ Company Profile: Please attach a copy of your business registration and a brief company profile. This is compulsory to assess your application.

Do you work with any other sub-agents/ associates:	Yes	No
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If yes, please provide details:

Name	Contact details

Name of Director /Owner		
Signature of Director		Date:

Approved by RTO representative	Yes	No
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If no please Specify: