

## AGENT APPLICATION

Agent's Name:	Agency:
Address:	
Telephone:	
Website:	email:
Please name two	o other New Zealand schools you are a current agent for:
School:	
School:	
School: Contact:	
School: Contact: Telephone:	
School: Contact: Telephone:	
School: Contact: Telephone: e-mail	
School: Contact: Telephone: e-mail School:	

I wish to be considered as an agent for Excellere College.

I understand that Excellere College will contact the other schools I have named.

Signed:	Date: