

Agent appointment declaration form

This form is to request agent authorisation for applicants who wish to:

1. Appoint an agent to place or continue their application, or
2. Change agents

APPLICANT DETAILS

Applicant surname / family name

Applicant first / given name

Applicant date of birth (dd/mm/yy)

Applicant email

University of Otago ID number

Course name

AGENT DETAILS

Agency name

Branch name

Physical address

Email address

Phone number

Counsellor name

Counsellor email

APPLICANT REASON (please tick box or explain)

1. Appoint agent to place or continue my application

2. Change appointed agent due to (please tick or explain): poor service from existing agent apply for different programme

Other:

APPLICANT & COUNSELLOR DECLARATION

I _____
wish to appoint the services of agency _____
to provide counselling, application assistance and pre-departure assistance to study at the University of Otago.

Applicant signature:

Date (dd/mm/yy):

Counsellor signature:

Date (dd/mm/yy):

In signing the agreement both parties declare that all information is true and correct.
The agent appointment form must be signed and dated at the time the applicant appoints the agency.
Backdated forms, or forms received after the applicant has been issued an offer of place will not be accepted.
Failure to return this form to International Marketing in a timely fashion may result in the agency appointment being denied.

Please email completed form to: international.marketing@otago.ac.nz

OFFICE USE ONLY:

Appointment approved: Y / N Reason:

Staff member (name & signature):

Date:

Agent notified: Y / N

Applicant notified: Y / N