

# Agency Contract Request Form

20 Bell Street  
Private Bag 2030  
New Plymouth 4342  
New Zealand

Telephone + 64 6 757 3100  
Freephone 0800 800 331  
Website www.witt.ac.nz

Date.....

## Company Details

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Director's Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

Direct Line \_\_\_\_\_

Mobile: \_\_\_\_\_

Contact Person (If different from above):  
Mr/Mrs/Miss/Ms \_\_\_\_\_

Job Title: \_\_\_\_\_

Direct Line: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Company Background

How long have you been recruiting International Students? \_\_\_\_\_

Is your company registered with and approved by a government authority to recruit fee paying students for study off shore? **Yes/No**

Comments: \_\_\_\_\_

Does your company have membership to any professional organisation in your country that is linked to the Education Industry? **Yes/No**

If yes, Name of Organisation: \_\_\_\_\_

Do you run an orientation programme for students prior to departure and/or arrival in New Zealand? **Yes/No** – If yes, please describe your programme

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many students do you successfully recruit each year to New Zealand?

Which main country/ies do you recruit your students from?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the Universities/Colleges/Schools that you are currently working with in New Zealand.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you charge each student for application processing? **YES / NO**

If yes, how much? NZ\$ \_\_\_\_\_

Do you have a company brochure? **YES / NO** – If yes, please attach a copy

Are you aware of the Agent responsibilities under New Zealand's *Education (Pastoral Care of International Students) Code of Practice 2016*

**YES / NO**

*I authorise Immigration New Zealand and the named referees to release to WITT all relevant information about myself and the company.*

*I hereby confirm that all information given above is true and correct.*

**NOTE: INZ may disclose instances of fraud or misrepresentation by the agent regarding any applications they have represented**

**SIGNATURE** \_\_\_\_\_

**Referees**

**Please name two New Zealand business referees and include their email contact details**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you. Please return this form with supporting documentation to [international@witt.ac.nz](mailto:international@witt.ac.nz)

WITT International Students' Office, Private Bag 2030, New Plymouth 4301, New Zealand

**Office use only**

1. Agent Referenced Check Yes / No Comments \_\_\_\_\_  
2. Agent Referenced Check Yes / No Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: ISO Yes/No

Date: