

Agency Representation Application

Please complete this form as comprehensively as possible and return it to the sender for processing. This application will enable ATQ College to assess and review your details for further scrutiny to establish and formalise our association.

Agency Legal & Trading Name	
Address	
Telephone	
Email	
Website	
Number of years in business	
Existing number of staff	
Reference 1	
Reference 2	

Details of Key Contacts Person/Day to Day Contact

Name & Position	
Email & Contact Number	
Name & Position	
Email & Contact Number	

I agree to enter into an Agreement with ATQ College in accordance with the terms of National Code 2018 & pertaining ESOS Act including regulatory restrictions and guidelines.

Signed by: _____ Date: _____

Name: _____ Position: _____