



ACMI
NEW ZEALAND

AOTEAROA CAREER & MANAGEMENT INSTITUTE (ACMI) AGENT APPLICATION FORM

Level 14,
67 Symonds Street
Auckland 1010
New Zealand
(On the University of Auckland campus)

P +64 9 302 2266

E info@acmi.ac.nz

acmi.ac.nz



AOTEAROA CAREER & MANAGEMENT INSTITUTE (ACMI)

Agency Name: _____

Address: _____

Postal Address (If different): _____

Phone Number with country code _____

Emergency Contact Number _____

Website and Social Media _____

Which countries do you recruit students from? _____

How many students do you send abroad each year? _____ To New Zealand? _____

How many years has the agency been in operation? _____

How many branch offices do you have? _____ Where? _____

Has your agency read the Code of Practice for the Pastoral Care of International Students issued by the
NewZealand Ministry of Education?

Does your agency agree to observe and follow this Code of Practice?

Agency Contact Person's Details:

Full Name: _____

Position: _____ Mobile Number: _____

Email Address: _____

References (Please provide two references, preferably New Zealand tertiary institutes)

Education Provider _____

Contact Person _____ Email _____

Education Provider _____

Contact Person _____ Email _____

Declaration:

I confirm that the information provided above is correct and I authorize ACMI to carry out reference checks with the information provided above.

I hereby permit Immigration New Zealand to release agency performance records and student visa application assessment details relating to the above agent's name, to ACMI.

Name: _____

Title: _____

Date: _____

Signature _____