



**ACMI**  
NEW ZEALAND

# AOTEAROA CAREER & MANAGEMENT INSTITUTE (ACMI) AGENT APPLICATION FORM

---

---

Level 6, 290 Queen Street,  
Auckland CBD, Auckland  
1010, New Zealand

**P** +64 9 302 2266  
**E** info@acmi.ac.nz

**acmi.ac.nz**



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** \_\_\_\_\_