

Appointment of Agent Form



This form is to be completed to authorise an education agency to handle course and visa applications to study with academyEX. Please complete and sign this form, and upload with your online application. The form must be completed for academyEX to engage with an agency regarding an application. Please submit the completed form to enrol@academyex.com

SECTION ONE: To be completed by applicant

Applicant Name: _____

Date of birth: ____ / ____ / ____

Email address: _____

I, _____ certify that I wish to appoint (agency name)

_____ to act on my behalf as my agency service provider.

I authorise this agency provider to communicate enrolment applications to academyEX on my behalf.

SECTION TWO: To be completed by agency service provider

On behalf of my agency, I confirm that this applicant has entered a relationship with our agency.

Agency name: _____

Name of agent: _____

Agent email: _____

Date: ____ / ____ / ____

Company stamp

SECTION THREE: To be completed by applicant to the best of his/her ability

Why have you decided to appoint this agency?

SECTION FOUR: To be completed by applicant

Authorisation for the agency service provider to access student information held by the academyEX.

I, the applicant, hereby authorise the above Agency, along with any designated representatives acting on their behalf, to communicate enrolment applications on my behalf with academyEX ("my Application").

I understand that access by the Agency to my Application will be solely for the purpose of advising, communicating and tracking progress of my Application to academyEX and the Agency will not disclose any information in my Application to another person without my written permission.

I grant permission for academyEX to share relevant information concerning my enrollment with both me and my designated agency. I understand that I may withdraw consent to the Agent having access to my Application(s) at any time by notifying the Agent or academyEX in writing.

I understand that the Learning Management System account and password I use for accessing academyEX programme are strictly for personal use, and I hereby confirm that I will not share this account information with anyone other than myself.

Student Signature: _____

Date: ____ / ____ / ____

For academyEX staff use only

Actioned by _____

Date received _____

Date actioned _____