Australasia International School



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CHANGE OF AGENT REQUEST FORM

Student Name:	Student No:		Date: / /	
	Stud	Student Date of Birth		
Student Email:	Mob	Mobile:		
Student Address:				
Postcode:				
Original COE (original information)				
Course Name:		Course Code:		
Course Start Date:	End Date:			
Class No:				
Proposed New Agent: (please tick)				
have notified my OLD Agent via email that I will not con	ntinue to use their se	ervices 🗖 Yes 🗖 1	No	
Reason for change of Agent:				
NEW Agent Details - Agent Name:	Control Bloom	Contact Phone Number:		
Contact Person Name: Student Signature:	<u> </u>			
State of Signature.	Date	:		
Office Use Only				
MARKETING				
OLD Agent has been contacted □Yes □No				
Summary of Discussion:				
NEW Agent has been contacted □Yes □No				
Summary of Discussion:				
Reviewed and Approved by:				
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