

EDUCATIONAL AGENT INFORMATION FORM

TO BE COMPLETED BY THE AGENT:

Name of Company/ Institution:			
Address of Company:			
Telephone:		Email:	
Year Established:		<input type="checkbox"/> Registration Information attached.	
Name of President/Director:			Agreement Signing Person <input type="checkbox"/> Yes
Telephone:		Email:	
Social Media ID:	<input type="checkbox"/> WhatsApp: _____ <input type="checkbox"/> WeChat: _____ <input type="checkbox"/> Line: _____ <input type="checkbox"/> Skype: _____ <input type="checkbox"/> Other: _____		
Name of Direct Contact and Title:			Agreement Signing Person <input type="checkbox"/> Yes
Telephone:		Email:	
Social Media ID:	<input type="checkbox"/> WhatsApp: _____ <input type="checkbox"/> WeChat: _____ <input type="checkbox"/> Line: _____ <input type="checkbox"/> Skype: _____ <input type="checkbox"/> Other: _____		

Please give a brief summary/profile of your company.

Please provide the contact information of the educational institutions you have dealt with in Canada - Name, email, and telephone:

Proposed annual recruitment target for Laureate College:

I confirm that all information given is correct.	Signature & Date:

FOR OFFICE USE ONLY Approved Yes No	