

Change of Agent Request Form

Appendix 4

NOTE: Student must complete and sign the form
Please note 50% commission will be paid to the first agent and 50% to the agent taking over the application.

The completed form must be submitted to Deakin College before a change of agent will be made to the database.

Student Section:

Student No: _____ Date of Birth: _____

Course applied for: _____

Given Names: _____ Family name: _____

Reason(s) for change of agent: _____

Signature: _____ Date: _____

Agent That Sent The First Application (Agent 1):

Name of Agent: _____

Agent MAZE Code: _____ Date Agent Notified: _____

Agent That Has Taken Over The Application (Agent 2):

New Agent Name: _____

New MAZE Agent Code: _____

I understand that the student named above was previously assisted by another agent. By signing this I understand that I am taking over the responsibilities for this student's application and will be paid 50% of the due commission.

Signature: _____ Date: _____
(Please affix company stamp)

**DEAKIN
COLLEGE**
in association with



Name & Position of Company's representative: _____

Signed by Marketing: _____ Date: _____

Copy to Finance (Date): _____

On receipt of the completed form the agent for this student will be changed on the Deakin College database from **Agent 1** to **Agent 2**. All future correspondence in relation to this application will then be sent to **Agent 2**. Commission payment of 50% will be paid to **Agent 1 and Agent 2**.