



AGENT APPLICATION FORM

PART A: AGENT DETAILS

Business name:			
Address:			
Suburb/city:	State:	Postcode:	
Email:	Phone/mobile:		

PART B: COMPANY DETAILS

Company ABN:	Target Market:		
Main areas:			
Branches: (if any)			
Agent Stamp:	References:		

PART C: STAFF MEMBER NOMINATED

Please nominate a staff member to liaise with GIC.

Full name:	Title:		
Job Title:			
Email:	Phone/mobile:		

PART D: SIGNATURE

Agent's signature:	Date:		
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To proceed with your application, please include a copy of your most recent Certificate of Registration.

