

## **LETTER OF AUTHORITY/CHANGE OF AGENT FORM**

Please complete the following information:

| Current agent   |  |  |  |
|---|--|--|--|
| New agent (to be appointed)   |  |  |  |
| Student name  |  |  |  |
| Student number  |  |  |  |
| Date of Birth   |  |  |  |
| Email address   |  |  |  |
| Nationality   |  |  |  |
| Account Manager   |  |  |  |
| Please attach any supporting documentation if required.  Declaration: I authorise to appoint the agent listed above to be my education agent. |  |  |  |
| Student signature:Date:   |  |  |  |
| TOD OFFICE USE ONLY   |  |  |  |
| FOR OFFICE USE ONLY   |  | Date received:                         |  |
| Application approved by:  Application denied by:  |  | Date received:  Date actioned in PEPi: |  |
| Account Manager advised by email:   |  | Date:                                  |  |