

Agent authorisation form

I, (insert applicant's name) Edika Marolda Van Der Spuy

authorise the following agent to act on my behalf in all activities related to my application for an AITSL Assessment for Migration skills assessment. I understand this application will be lodged online via the Applicant portal.

I acknowledge that this means that all correspondence and communication relating to the assessment, including the outcome, will be sent to the agent.

I understand that I am not required to have an agent to undertake the assessment process and that using an agent will not change the process or alter the assessment duration.

Agent contact details

Title (Miss, Mrs, Mr, Ms, Dr): Miss Full name: Cindy Lee Truebody

Company name: Global Migrate

Postal address: Nordic Park #2, 17 Boundary Road, Ground Floor - Unit B, Century City, Cape Town, South Africa, 7441

Email address: cindy@global-migrate.com

Applicant's original signature (not agent):



Date (dd/mm/yyyy): 24 / 07 / 2024