

Agent Authorization Form (Pathway Courses Only)**This form must be completed by the applicant****Applicant Details**

Full Name	
Date of birth (DD/MM/YYYY)	
Email Address	
Contact Number	

Your Application Details

Application ID	
Course Applied for	
University Name	

Agency Details

Current Agency Name (If any)	
Proposed Agency Name	
Counsellor Name at proposed agency	
Counsellor Email Address at proposed agency	
Reason for requesting a change of agency	

Declaration:

By signing below, I confirm that this form was completed by **myself (the applicant)** and not by any agent or advisor.

I hereby confirm that I have chosen to be represented by the above-mentioned agency for my application with Malvern International Plc. I also agree that all my other application(s) submitted through different agencies will be closed upon submission of this form.

I give consent for the Malvern International team to contact me directly if any clarification is needed.

Applicant Signature: _____ **Date:** _____
(Must be hand-signed. Digital or electronic signature will not be accepted)