University of Bolton Agent Tagging Form

Student Information:

Full Name: _____

Passport Number: _____

Contact Number: _____

Email Address: _____

Student's Signature: _____

Date: _____

Agent/Consultancy Information:

Name of Agent/Consultancy: _____

Agent/Consultancy Contact Person: _____

Contact Number: _____

Email Address: _____

Agent's Signature: _____

Date: _____

I hereby request that the University of Bolton tag the above-named student with the agent/consultancy mentioned above as the authorized representative for all matters related to their application at the University of Bolton.