

- INSTRUCTIONS:**
1. Complete all sections as applicable to your business & country requirements.
 2. Required fields are indicated with "*".
 3. Type your responses. Illegible or hand written applications will be returned unprocessed.
 4. Send completed form to the Shared Service Center indicated below.

SUPPLIER INFORMATION

*	Supplier Name (payment will be issued to this name)			
*	Tax Numbers (Enter N/A if Not Applicable)	PAN No. (9 digits)	VAT No.	CST No.
		Service Tax No.		Excise No.
	Tax Status	<input type="checkbox"/> Individual <input type="checkbox"/> Domestic Company <input type="checkbox"/> Foreign Company		
	Special Registration (Provide No. If Any)	<input type="checkbox"/> Small / Medium Business <input type="checkbox"/> Not Applicable		

NOVELL SHOULD SEND PURCHASE ORDERS TO:

*	Contact Name / Title			
*	Phone / Fax / EMail	TEL: FAX: Email Address:		
*	Address (Complete address including state, pin & country information)	Address Line 1:		
		Address Line 2:		
		State:		
		PIN: Country:		

NOVELL SHOULD SEND PAYMENT BY CHEQUE (IN Rs.) TO: (Leave Blank if Same as PO Address)

*	Address (Complete address including state, pin & country information)	Address Line 1: Address Line 2: State: PIN: Country:		
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NOVELL SHOULD SEND ELECTRONIC PAYMENTS TO:

*	Account Name	*	Account Number	
*	Bank Name	*	IFSC # (INR Only)	
*	Branch Name	Name: City: State:		Email Address: (For electronic remittance advice)
	Swift Code (Foreign Currency Only)			

RETURN FORM TO: PROVO Shared Service Center by Email, or FAX: 91 80 400 22333

Accounts Payable: INpayables@novell.com IDCpayables@novell.com

Corporate Purchasing: corp_purchasing@novell.com

Novell Contact:

Invoicing Requirements

- PO# must be issued prior to delivering goods or performing services.
- Send original invoice to Novell Bangalore Office (no copies/ faxes).
- Print on invoice: PO#, contact name, phone number.
- Standard payment terms are Net 30 days.

Purchase Order Terms & Conditions

www.novell.com/customercenter/purchasing/index.html

NOVELL USE ONLY:

<input type="checkbox"/> One Time Payment Only	End Date:	Organization: <input type="checkbox"/> IN <input type="checkbox"/> IDC
<input type="checkbox"/> RFX Only	End Date:	Supplier Number:
		Today's Date:

Note to buyer: Yellow = RFX