



# International Passport Advantage Agreement

## Enrollment Form

Please provide all requested information in order to be enrolled or to update your information.

You enroll in, and obtain Eligible Products under, Passport Advantage subject to the terms of the IBM International Passport Advantage Agreement ("the Agreement") and the Attachment for Sub-Capacity Terms. IBM Programs that you obtain under this Agreement are governed by the terms of the IBM Program License Agreement ("IPLA"). If there is a conflict between the terms of the Agreement, including the Attachment for Sub-Capacity Terms, if applicable, and those of the IPLA, including its License Information document ("LI"), the terms of the Agreement prevail. A Non-IBM Program that you obtain under the Agreement is governed by the terms of the third-party end user license agreement that accompanies it. IBM is not a party to the third party end user license agreement and assumes no obligations under it.

For transactions in which IBM Australia Limited is providing the Eligible products, "IBM" means IBM Australia Limited A.B.N. 79 000 024 733.

### By enrolling, you

- a. acknowledge that you have had the opportunity to read and understand the Agreement, including the Attachment for Sub-Capacity Terms, and the IPLA before you completed this form; and
- b. accept the terms of these documents\* and represent and warrant that you have full authority to do so on behalf of the enrolling Site.

This enrollment is for (check one):

<input type="checkbox"/> Originating Site* *	<input type="checkbox"/> Additional Site*	<input type="checkbox"/> Site Information Update
<p>By checking the Originating Site box above, an Originating Site enrolling for the first time also accepts the terms of the Attachment for Sub-Capacity Terms. Originating Sites must check the box below if they have not already accepted the Attachment for Sub-Capacity Terms in a prior enrollment and wish to take advantage of Sub-Capacity Terms. Enter your Passport Advantage Agreement and Site numbers in the space provided below for updating existing Site information below, and submit. Only an Originating Site may check box below.</p> <p><input type="checkbox"/> Attachment for Sub-Capacity Terms</p>		

If this is an enrollment for an Originating Site\*\*, please indicate customer type (check one\*\*\*):

- Commercial
- Government\*\*\*
- Academic Volume Option (Attachment for Academic Volume Option applies)

\* **Note:** If you are an Additional Site, you accept the terms of the Attachment for Sub-Capacity Terms only if your Originating Site has already accepted these terms.

\*\* **Note:** The Originating Site Primary Contact must, if applicable, complete and submit with their enrollment form, an Authorized Additional Site Schedule listing any and all potential Additional Sites. Failure to do so may result in delay in processing Additional Site enrollments. An Additional Site is required to be part of the Originating Site's Enterprise as defined in Section 2 of the Agreement. By completing this form as an Additional Site, you certify that this requirement has been met.

\*\*\* **Note:** If you are a Government customer enrolling under Commercial terms, please check **both** "Government" and "Commercial" options above. If you are a Government customer and not enrolling under Commercial terms, the Attachment for Government Option applies.

If enrolling an Additional Site, please indicate Passport Advantage Agreement Number: \_\_\_\_\_

If updating existing Site information, please indicate Passport Advantage Agreement and Site numbers: \_\_\_\_\_

Please indicate which industry best describes your business:

- |   |  |
|---|--|
| <input type="checkbox"/> AEROSPACE & DEFENSE          | <input type="checkbox"/> AUTOMOTIVE              |
| <input type="checkbox"/> BANKS                        | <input type="checkbox"/> CHEMICAL & PETROLEUM    |
| <input type="checkbox"/> COMPUTER SERVICES            | <input type="checkbox"/> CONSUMER PRODUCT GOODS  |
| <input type="checkbox"/> EDUCATION                    | <input type="checkbox"/> ELECTRONICS             |
| <input type="checkbox"/> FINANCIAL MARKETS            | <input type="checkbox"/> GOVERNMENT              |
| <input type="checkbox"/> INSURANCE                    | <input type="checkbox"/> HEALTH                  |
| <input type="checkbox"/> LIFE SCIENCES                | <input type="checkbox"/> MEDIA & ENTERTAINMENT   |
| <input type="checkbox"/> OTHER PRODUCTION INDUSTRIES  | <input type="checkbox"/> RETAIL                  |
| <input type="checkbox"/> TELECOMMUNICATIONS           | <input type="checkbox"/> TRAVEL & TRANSPORTATION |
| <input type="checkbox"/> UTILITIES                    |  |
| <input type="checkbox"/> OTHER (Please Specify) _____ |  |

**How many people work in your company across all locations?**

- 1 - 1,000                       1,000 Plus

**For each contact information box below, please complete all details, including the optional check box concerning promotional and marketing communications from IBM and its business partners. By completing this form and providing us with information on behalf of other individuals in your organization, you certify that you have confirmed that they agree to your providing their data on the form. If you indicate, for any of the contacts listed, that you or they DO wish to receive promotional and/or marketing material, we will use the contact information for these purposes too, as well as generally in connection with your Passport Advantage Agreement.**

**Primary Contact (required):**

The Primary Contact is to complete this form. IBM will communicate with you, the Primary Contact, regarding changes to the Agreement or other contractual issues. If the Primary Contact is the only contact specified, IBM may consider the Primary Contact to be the sole contact for all purposes.

**(No Post Office Box addresses, please)**

**It is your responsibility to promptly notify IBM of any change of address, including e-mail address.**

**Please provide your full legal company name**

Company Name:		
Contact Name:		
Street Address:		
City:	State/Province:	ZIP Code/Postal Code:
Country:	Telephone/Ext:	Fax:
E-mail Address:		
VAT Number <i>&lt;If not called VAT, use country equivalent&gt;</i>		IBM Customer Number

**IBM will not use this information for any purpose beyond the scope of this Passport Advantage Agreement.**

**Administration Contact (if different from the Primary Contact above):**

The person you designate in this information box is responsible for requesting and authorizing account information changes, Web and tool access, etc. In addition, IBM will send the Administration Contact documents including Software Subscription and Support Renewal notices, software upgrade availability notifications, Proofs of Entitlement, etc. You will have access to your Proofs of Entitlement online via Passport Advantage Online to confirm your authorized use of IBM software. Electronic Proofs of Entitlement will also be sent via e-mail to your Administration Contact and/or to your Business Partner when you obtain new licenses or renew Software Subscription and Support.

**(No Post Office Box addresses, please)**

**Please provide your full legal company name It is your responsibility to promptly notify IBM of any change of address, including e-mail address.**

Company Name:		
Contact Name:		
Street Address:		
City:	State/Province:	ZIP Code/Postal Code:
Country:	Telephone/Ext:	Fax:
E-mail Address:		

**IBM will not use this information for any purpose beyond the scope of this Passport Advantage Agreement.**

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**Site Technical Contact:**

The Site Technical Contact specified below is responsible for overall support compliance for this Passport Advantage site and maintaining authorizations for support-related Web and tool access. This contact will also receive a letter with important Technical Support Information concerning access to IBM Software Support. It is your responsibility to promptly notify IBM of any change of address, including e-mail address.

**Please provide your full legal company name**

Company Name:		
Contact Name:		
Street Address:		
City:	State/Province:	ZIP Code/Postal Code:
Country:	Telephone/Ext:	Fax:
E-mail Address:		

**IBM will not use this information for any purpose beyond the scope of this Passport Advantage Agreement.**

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**Language:**

Please indicate your default language preference for software media: \_\_\_\_\_

For countries where there is more than one official language (for example, Canada, Switzerland, and Belgium), please indicate in which official language you wish to receive communications from IBM regarding your Passport Advantage relationship: \_\_\_\_\_

Please note that while IBM will make all reasonable efforts to meet your request, media and communications may not be available in all languages.

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**Passport Advantage Primary Reseller, if applicable for this enrollment:**

**Please provide the full legal company name**

Primary Reseller Company Name		
Contact Name:		
Street Address:		
City:	State/Province:	ZIP Code/Postal Code:
Country:	Telephone/Ext:	Fax:
E-mail Address:		

**Authorized Signature**

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Except as modified by the IBM International Passport Advantage Agreement and any applicable attachment, use of IBM Programs is governed by the IBM International Program License Agreement.

By signing below, each of us agrees to the terms of the IBM International Passport Advantage Agreement as well as to those of any applicable attachment. Once signed, unless prohibited by local law or specified otherwise, any reproduction of this Enrollment Form, the IBM International Passport Advantage Agreement or its Attachment(s) made by reliable means (for example, photocopy or facsimile) is considered an original.

Agreed to:

***{Customer Legal Name}***

Agreed to:

***<IBM Legal Entity>***

By \_\_\_\_\_

Authorized Signature

Name (type or print):

Title:

Date:

Customer address:

By \_\_\_\_\_

Authorized Signature

Name (type or print):

Title:

Date:

IBM address:

After signing, please return a copy of this Attachment to the local "IBM address" shown above.