

Claim form

The fields indicated with an asterisk (*) are required to complete this transaction; other fields are optional. Please provide the information, listed below, to claim reimbursement for an approved Business Partner Co-marketing program.

1. Please provide the information, listed below, to claim reimbursement for an approved Business Partner Co-marketing program.
2. After completing this form, please provide all supplier invoices with a **Proof of Performance Coversheet** in business English and a **letter** from Managing Director, Operations Director or Financial Director confirming that supplier invoices are related to the tactic being reimbursed. The letter will need to reference Partner Plan (e.g. PPlan name, Action Plan name, Activity Name).

Send this form and related materials via fax to:
+ 353 1 870 4735, Attn: Co-Marketing/TCI BP Operations

or via mail to:
TCI Co-Marketing
DSW Disbursements
IBM PDL, Unit 12
Airways Industrial Estate
Cloghran
Dublin 17
Ireland

Please reference your unique control number on all fax/mail documentation.

3. As per SWG Co-Marketing Terms & Conditions, please enter all opportunities generated through the co-funded activity. Please submit opportunities via the PartnerWorld website at:
https://www.developer.ibm.com/partnerworld/mem/mkt/mkt_cust_opps_emea.html

Notes:

This form is for qualified IBM Business Partners to claim reimbursement for a completed and approved IBM Co-marketing activity. In order to claim reimbursement using this form, you must have submitted a co-marketing program application form and have been pre-approved by IBM via e-mail.

Please fill out one form for each claim request.

Claim processing may take 3-4 weeks, and involves an IBM verification of the co-marketing activity.

Once your claim is approved for payment, you will be notified via e-mail.

If you have any concerns about your claim or desire a status update, please use the following e-mail for your questions:

TCI_CoMarketing@uk.ibm.com (This e-mail is for claims only and not for co-marketing program questions.) Don't forget to use the Unique Control Number for reference with each query!

Business Partner Information:

Unique Control Number: *
From your application form confirmation.

Company Name: *

Contact Email: *

Activity Information

Date activity completed:* (MM/DD/YYYY)

Status of Sale:* (please check/tick box(es))

Sold

Pending - If sale is pending, expected time frame for closing sale: (mm/dd/yyyy)

No Sale

Amount claimed for reimbursement:*

(US\$ figures only - Please enter the requested amount to be REIMBURSED in US dollars, however if approved, you will be able to invoice IBM in equivalent amount in Euro in all Euro countries, or in Local currency for non-Euro countries. For example, if you are submitting \$3,000 worth of invoices...your requested claim reimbursement amount is \$1,500 (50% of your invoiced amount))

I hereby verify that all of the above information is true and complete to the best of my knowledge.

Signed by

Date (mm/dd/yyyy):