Self Service Account Program

Overview

Apple will use the following criteria to determine whether your organisation qualifies for authorisation as a Self Service Account (SSA) program participant. Providing this information will allow Apple to give maximum consideration to your request. Read the descriptions below to determine if your organisation is eligible to participate in this program.

**Business/Enterprise:** Eligible organisations include small to large companies and their wholly owned subsidiaries, corporations and partnerships.

**Education Institution:** Eligible organisations are not-for-profit, degree-granting institutions organised for educational purposes. Eligible organisations include any school districts within the organisation's school system, Boards of Education, universities and colleges, and community, vocational, and technical colleges.

**Government Agency:** An executive Government Agency, Government Department or Ministry.

Acceptance of and retention as a Self Service Account is at Apple's sole discretion. Apple reserves the right to make any determination on eligibility and whether an organisation is accepted as a Self Service Account program participant.

**Application Requirements**

The Authorised Representative submitting an Application for a Self Service Account must be able to affirm, have, or provide the applicant:

1. Name and email address of the organisation's Apple Account Executive.
2. Headquarters location information, including legal name, address, entity type (public or private), and Tax Certificate (if applicable)
3. Billing location information, including address, Accounts Payable contact name and contact information (phone and email)
4. Shipping location information, including address, Service Manager contact name and contact information (phone and email)
5. Approximate number of Apple devices purchased by the organisation within the past 5 years. Serial Numbers for these devices must also be provided.
6. Description of the resources and infrastructure that the organisation has in place to deploy this program.
7. Additionally, an Apple Business Credit Application may be required if the organisation is a private institution, or does not already have established terms with Apple.

**Caution to Signatory**

As the person submitting this application, you represent and warrant that you have the authority to provide the information required and to submit this application.
Self Service Account Program

Application Form

Completion Steps:
1) Download and save this Application Form to your computer
2) Complete the information below
3) Save
4) Email the Application Form to iOS_DSP_EMEIA@group.apple.com and put “Self Service Account” Program Application - <your country>” in the subject.
Your local country AppleCare team will contact you to discuss your Application. If you have any questions please email iOS_DSP_EMEIA@group.apple.com.

AUTHORISED REPRESENTATIVE : CONTACT INFORMATION

Who is applying?

First Name : _____________________________________________
Last Name : _____________________________________________
Title : _______________________
Telephone : _____________________________________________
Email : _________________________________________________

Who is your Apple contact or account executive?

Name : _________________________________________________
Telephone : _____________________________________________
Email : _________________________________________________
Self Service Account Program

BUSINESS INFORMATION (HQ location)

This relates to the legal status of the company wishing to become an Authorised iOS Service Provider. The Legal name and address will appear on your legal Agreement with Apple.

Legal Name: ____________________________________________

Doing Business As Name: ____________________________________________

VAT registration Company registration: ____________________________

Registered address: ____________________________________________

City: _________________________________________________________

State/Province/ Region: __________________________________________

Country Postal Code Telephone: _________________________________

Fax: _________________________________________________________

Company URL: ________________________________________________

Entity Type (check appropriate answer):

Organisation Type: ____________________________________________

Exempt from Sales Tax

Approximately how many Apple Devices has the organisation purchased in the last 5 Years, that remain in the organisation’s Install Base:

iPhone: _____________________________________________________

iPad: _________________________________________________________

Mac: _________________________________________________________

Please describe the resources and infrastructure that your organisation has in place to handle screening and service of these Apple Devices.

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

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iOS Direct Service Program

Entity Type:

- Business/Enterprise ______ (Y/N)
- Education Institution ______ (Y/N)
- Government Agency ______ (Y/N)

Organisation Type:

- Private ______ (Y/N)
- Public ______ (Y/N)
- N/A ______ (Y/N)

Exempt from Sales Tax: (Circle Appropriate Answer)

- YES
- NO
- N/A-There is no sales tax

PRINCIPAL (Business Owner/Legal Authorised Signatory)

First Name: ____________________________________________
Last Name: ____________________________________________
Title: ________________________________________________
Telephone: ____________________________________________
Email: ________________________________________________

MAIN CONTACT (if different from PRINCIPAL)

First Name: ____________________________________________
Last Name: ____________________________________________
Title: ________________________________________________
Telephone: ____________________________________________
Email: ________________________________________________
BILLING LOCATION INFORMATION (skip if identical to HQ)

Invoices and Purchase order information will be sent to and handled by this location.

Legal Name: ____________________________________________

Doing Business As Name: __________________________________

Registered address: ______________________________________

City: __________________________________

State/Province/ Region Country: ____________________________

Postal Code: ____________________________________________

Telephone: _____________________________________________

Fax: ____________________________________________

ACCOUNTS PAYABLE CONTACT DETAILS

First Name: ______________________________________________

Last Name: _____________________________________________

Telephone: _____________________________________________

Email: _________________________________________________

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SHIPPING LOCATION INFORMATION (skip if identical to HQ)

The location to which Apple will ship orders and from which returns must be sent.

Doing Business As Name: ________________________________

Registered Address:

________________________________________________________________________

City: ______________________________________

State/Province/ Region Country: ________________________________

Postal Code: __________________________________________

Telephone: ___________________________________________

Fax: ____________________________________________

SERVICE MANAGER CONTACT INFORMATION

First Name: ________________________________________________

Last Name: ______________________________________________

Telephone: ____________________________________________

Email: ________________________________________________

Declaration

By signing below, I confirm that I am authorised to pursue an application for Self Service Account status for and on behalf of the organisation detailed in this Application Form.

Signature: ________________________________________________

Signing Officer Name Title: _________________________________

Email: ________________________________________________

Date: ________________________________________________