



ENTITY CHANGE INTAKE FORM

!! PLEASE READ CAREFULLY BEFORE FILLING OUT THIS FORM !!

This form collects key information about the Partner (may be referred to as “**Transferor**” or “**Assignor**”), its agreements with SFDC, and, if applicable, the new legal entity (may be referred to as “**Recipient**” or “**Assignee**”). The information is used to ensure accurate updates to the COA (Channel Order Application), Partner Benefits, and Org62 records.

Please provide the required information as a **PDF file** by attaching it in the **Partner Community Case**. You can either complete this PDF form directly or use this [Google Form](#), which will send you a PDF version of the completed form in an automatic email confirmation. For details on logging a case in Partner Community, please refer to [this knowledge article](#).

An entity change occurs when there is a change to Partner’s legal entity. An entity change can be any one of the following:

- 1. Legal Name Change / Billing Address Change (within the same country):** Partner changes its name only with no major change in the ownership in the entity (e.g., Facebook’s name change to Meta) or Partner changes its billing address within the same country.
- 2. Re-domiciliation:** Partner changes its legal domicile (i.e., the country or jurisdiction in which it is registered) without changing its legal status. Transfer of the company’s corporate registration from one country to another while maintaining its operations, assets, liabilities, and corporate structure.
- 3. Full Asset Transfer:** transfer of substantially all of Partner’s assets via a merger, acquisition, spin-off, de-merger, other corporate reorg or sale.
- 4. Total Partnership Asset Transfer:** transfer of all of Partner’s Partner Applications and Partner Agreements under a deal that is not a Full Asset Transfer. (e.g., Transferor selling only its Salesforce-related assets and agreements to the Recipient while keeping other lines of business)
- 5. Limited Partner Application Transfer:** transfer of all or some of the Partner Applications (but no Partner Agreements).

Based on the information provided in this form, SFDC will confirm next steps, including what accounts or records, if any, will be transferred to the Recipient in SFDC’s system.

1. TYPE OF ENTITY CHANGE

Choose the one that best describes the entity change Partner is undergoing/underwent. If you checked "Other," please describe.

- Legal Name Change / Billing Address Change (within the same country)** (go to A, page 2)
- Re-domiciliation** (go to B, page 3)
- Full Asset Transfer:** Transfer of all or substantially all of Partner's assets through a merger, acquisition, corporate re-org, etc. (go to C, page 4)
- Total Partner Asset Transfer:** Transfer of all **Partnership Agreements** and **Partner Applications** (go to C, page 4)
- Limited App Transfer:** Transfer of the **Partner Applications** (but no Partnership Agreements) (go to C, page 4)
- Other:** _____

A. ENTITY NAME/BILLING ADDRESS CHANGE

a.	PREVIOUS PARTNER NAME	Previous full legal name of the Partner. (Note: if Partner is requesting only a billing address change, provide the current legal name of the Partner) _____
b.	PREVIOUS BILLING/SHIPPING ADDRESS	Please provide the previous billing and shipping address. (Note: if Partner is requesting only a name change, leave this blank) _____
c.	NEW PARTNER NAME	New full legal name of the Partner (Note: if Partner is requesting only a billing address change, leave this blank) _____
d.	NEW BILLING/SHIPPING ADDRESS	Please provide the billing and shipping address to where all COA billing invoices will need to be sent. Note, billing and shipping addresses must match. _____
e.	LEGAL DOCUMENT	Please provide a copy of the legal document memorializing the entity name change / billing address change (e.g., Corporation Registry). *Should be attached to your Partner Community Case.
e.	ENTITY CHANGE CONFIRMATION	Please confirm that (a) this change is not part of a corporate reorganization / restructuring and (b) the Tax number will remain unchanged. <input type="checkbox"/> YES, I confirm

B. REDOMICILIATION

a.	OLD PARTNER NAME (PRE-REDOMICILIATION)	<p>Previous full legal name of the Partner.</p> <p>_____</p>
b.	OLD BILLING/SHIPPING ADDRESS (PRE-REDOMICILIATION)	<p>Please provide the previous billing and shipping address</p> <p>_____</p>
c.	EFFECTIVE DATE OF REDOMICILIATION	<p>Please provide the date on which the redomiciliation came into effect.</p> <p>_____</p>
d.	NEW PARTNER NAME (POST-REDOMICILAITION)	<p>New full legal name of the Partner</p> <p>_____</p>
e.	NEW BILLING/SHIPPING ADDRESS	<p>Please provide the billing and shipping address to where all invoices will need to be sent. Note, billing and shipping addresses must match.</p> <p>_____</p>
f.	NEW BILLING CONTACT NAME & EMAIL	<p>Please provide the first name, last name, and email address of the contact to whom all invoices will need to be sent.</p> <ul style="list-style-type: none"> • Full name: _____ • Email: _____
g.	CURRENCY <i>* Change is subject to SFDC approval</i>	<p>Please provide the currency (e.g., USD, Euro, etc.) Partner intends to use.</p> <p>_____</p>
h.	TAX INFORMATION	<p>Please provide the following, to the extent applicable: VAT Number, Legal Email Address & SDI Code (EMEA; APAC (PH,ID,MY,KR,TH)); GTSIN (India); ABN (AU), IRD (NZ).</p> <p>_____</p> <p>Please note any tax exemptions that Partner is eligible for in the new region.</p> <p>_____</p>

i.	<p>WILL YOU CONTINUE OPERATING FROM THE SAME PBO/COA?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, Please list the PBO ID that is currently being used.</p> <p>PBO ID: _____</p> <p>If NO, please provide the reasoning and the new PBO ID, if available.</p> <p>PBO ID: _____</p> <p>Reason for change: _____</p> <p>_____</p>
----	--	---

C. FULL ASSET / PARTNER ASSET / APPLICATION TRANSFERS		
1. WHO & WHEN		
a.	TRANSFEROR NAME	<p>Full legal name of the Transferor.</p> <p>_____</p>
b.	TRANSFEROR BILLING/SHIPPING ADDRESS	<p>Please provide the billing and shipping address to where all the Transferor's invoices are currently being sent. Note, billing and shipping addresses must match.</p> <p>_____</p>
c.	TRANSFEROR SIGNING CONTACT	<p>Please provide the first and the last name for the signing contact of the Transferor and their email address for DocuSign.</p> <p>_____</p>
d.	RECIPIENT NAME	<p>Full legal name of the Recipient.</p> <p>_____</p>
e.	RECIPIENT BILLING/SHIPPING ADDRESS	<p>Please provide the billing and shipping address to where all the Recipient's invoices will be sent. Note, billing and shipping addresses must match.</p> <p>_____</p>
f.	RECIPIENT SIGNING CONTACT	<p>Please provide the first and the last name for the signing contact of the Recipient and their email address for DocuSign.</p> <p>_____</p>

g.	AGREEMENT MEMORIALIZING THE ENTITY CHANGE AND/OR PRESS RELEASES	<p>If applicable, please provide a copy of the legal document memorializing the entity change event (e.g., an asset purchase agreement between the assignee and assignor). You may redact sensitive confidential information. *Should be attached to your Partner Community Case.</p> <p>If the foregoing is not available, please add links to 1 or 2 relevant press releases describing the entity change event that references the full legal names of both Transferor and Recipient.</p> <p>_____</p> <p>_____</p>
h.	ENTITY CHANGE EFFECTIVE DATE	<p>Date the entity change occurred.</p> <p>_____</p>

2. PARTNER AGREEMENTS

a.	TRANSFEROR'S EXISTING PARTNER AGREEMENTS	<p>Please check all Partner Agreements that Transferor currently has in place with SFDC.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salesforce Partner Program Agreement <input type="checkbox"/> Partner Application Distribution Agreement (Service Order / PNR) <input type="checkbox"/> Partner Application Distribution Agreement (Click-through / Checkout) <input type="checkbox"/> ISVForce Addendum <input type="checkbox"/> OEM Addendum <input type="checkbox"/> Platform Solution Reseller Agreement <input type="checkbox"/> ISVForce Reseller Agreement <input type="checkbox"/> Other: _____
b.	<p>WILL TRANSFEROR CONTINUE TO BE A SALESFORCE PARTNER?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If YES, please check all the SFDC Partner Programs that Transferor plans to continue to participate in.</p> <ul style="list-style-type: none"> <input type="checkbox"/> ISVForce <input type="checkbox"/> OEM / VAR <input type="checkbox"/> Consulting <input type="checkbox"/> Managed Service Provider <input type="checkbox"/> Other: _____
c.	<p>DOES RECIPIENT HAVE PRE-EXISTING PARTNER AGREEMENT(S) WITH SFDC?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If YES, Please check all Partner Agreements that Recipient currently has in place with SFDC.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salesforce Partner Program Agreement <input type="checkbox"/> Partner Application Distribution Agreement (Service Order / PNR) <input type="checkbox"/> Partner Application Distribution Agreement (Click-through / Checkout) <input type="checkbox"/> ISVForce Addendum <input type="checkbox"/> OEM Addendum <input type="checkbox"/> Platform Solution Reseller Agreement <input type="checkbox"/> ISVForce Reseller Agreement <input type="checkbox"/> Other: _____

		<p>If NO, has the Recipient completed onboarding into the Salesforce Partner Program? Check one that applies.</p> <p><input type="checkbox"/> Yes, Recipient has agreed to the Salesforce Partner Program Agreement and passed LDP screening.</p> <p><input type="checkbox"/> No, Recipient has not yet completed onboarding into the Salesforce Partner Program.</p> <p><input type="checkbox"/> No, Transferor wishes to transfer Transferor’s Salesforce Partner Program Agreement to Recipient.</p>
d.	RECIPIENT’S PARTICIPATION IN PARTNER PROGRAM	<p>Please check all the SFDC Partner Programs that Recipient plans to participate in.</p> <p><input type="checkbox"/> ISVForce</p> <p><input type="checkbox"/> OEM / VAR</p> <p><input type="checkbox"/> Consulting</p> <p><input type="checkbox"/> Managed Service Provider</p> <p><input type="checkbox"/> Other: _____</p>
3. PARTNER APPLICATIONS		
a.	TRANSFEROR’S PARTNER APPLICATIONS	<p>If answered YES to 2.b. above and checked ISV and/or OEM, please list all the Partner Applications that Transferor plans to continue distributing under the Partner Agreements listed/checked above.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>If answered NO to 2.b. above or answered YES to 2.b. but checked Consulting or Managed Services Provider, leave this box blank.</p>
b.	RECIPIENT’S NEW PARTNER APPLICATIONS	<p>List all the Partner Applications that the Recipient will start distributing as a result of the entity change.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
c.	<p>DO THE PARTNER APPLICATION(S) BEING TRANSFERRED HAVE ACTIVE SERVICE ORDERS?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If YES, please list all the Partner Application(s) being transferred that have active Service Orders.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>

4. PBO / COA INFORMATION

<p>a.</p>	<p>IS THE TRANSFEROR'S PBO/COA BEING TRANSFERRED TO THE RECIPIENT?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, Please list the PBO ID that will be transferred to the Recipient.</p> <p>PBO ID: _____</p> <p>If NO, please check all that apply.</p> <p><i>Note, Transferor (if continuing its participation in the Salesforce Partner Program) and Recipient may not use the same PBO/COA account.</i></p> <p><input type="checkbox"/> Transferor will continue to be a Salesforce Partner and utilize the existing PBO as a Partner Program Benefit.</p> <p><input type="checkbox"/> Transferor will no longer be a Salesforce Partner but will continue to utilize the existing PBO as a Salesforce Customer.</p> <p><input type="checkbox"/> Recipient wishes to utilize new or a pre-existing Org / COA account. If checking this box, provide the ORG ID that the Recipient will use for its COA:</p> <p>ORG ID: _____</p> <p><input type="checkbox"/> Other : _____</p>
<p>d.</p>	<p>RECIPIENT'S BILLING CONTACT NAME & EMAIL</p>	<p>Please provide the first name, last name, and email address of the personnel to whom the Recipient's invoices will need to be sent.</p> <ul style="list-style-type: none"> • Full name: _____ • Email: _____
<p>e.</p>	<p>CURRENCY <i>* Change is subject to SFDC approval</i></p>	<p>Please provide the currency (e.g., USD, Euro, etc.) Recipient intends to use.</p> <p>_____</p>
<p>f.</p>	<p>RECIPIENT'S TAX INFORMATION</p>	<p>Please provide the following, to the extent applicable: VAT Number, Legal Email Address & SDI Code (EMEA and APAC (PH, ID, MY, KR)); GTSIN (India); ABN (AU), IRD (NZ).</p> <p>_____</p> <p>Please note any tax exemptions that Recipient is eligible for in its region.</p> <p>_____</p>