INVOICING GUIDELINES

We kindly ask you to comply with these guidelines when sending invoices or credit notes to Novo Group companies.

Novo Nordisk A/S	Novo Nordisk Healthcare A/G	Novo Nordisk affiliates worldwide
E-mail with pdf invoice attached (no paper copy): <u>AP-NOVO-HQ@novonordisk.com</u>	E-mail with pdf invoice attached (no paper copy): ap-zurich@novonordisk.com	E-mail with pdf invoice attached (no paper copy): Email address provided by local affiliate
Electronic invoicing: - Follow setup guidelines at <u>www.sproom.net/en/clients/novonordisk/</u> - NOVO NORDISK A/S: EAN 5790001899561	Electronic invoicing: Not available	Electronic invoicing: Not available

If any of the above information changes, your company will be notified.

Legal requirements for an invoice

Any invoice that does not meet the below criteria will be returned for correction.

Content	Definition based on the EU VAT directive		
Date	The date of issue		
Invoice number	A sequential number, based on one or more series, which uniquely identifies the invoice;		
Supplier's identification	VAT/GST number or Tax Id number and full name and address		
Customer's identification	Full name and address. VAT number only if it is an intracommunity supply in EU.		
Quantity and nature of the supply	The quantity and nature of the goods supplied or the extent and nature of the services rendered;		
Date of delivery	The date on which the supply of goods or services was made or completed or the date on which the payment on account was made when it differs from the date of issue of the invoice;		
Taxable amount per rate or exemption	The taxable amount per rate or exemption;		
Unit price before VAT/GST	The unit price exclusive of VAT and any discounts or rebates if they are not included in the unit price;		
VAT/GST rate	The VAT/GST rate applied;		
VAT/GST amount payable	The VAT/GST amount payable, except where a special arrangement applies, and this information is excluded in accordance with the EU VAT Directive		
Tax representative's identification, if applicable*	VAT number together with full name and address		
	*To be added if the person liable for payment of VAT is a tax representative, often representing a foreign entity		



Tips to ensure a smooth payment process

- 1. Always include a purchase order (PO) number in the invoice for payment of orders above DKK 10,000. For non-PO invoices, remember to include the initials of the recipient (all our employees have unique initials).
- 2. Beneficiary name should be mentioned in case payment is made to different bank account and name.
- 3. Bank information
 - Bank key is required only when supplier has multiple currencies or bank accounts.
 - Bank account is not required if FIK code, QR code, Boleto Reference are mentioned in the invoice.
- 4. The supplier name on PO should match with the supplier name on invoice.
- 5. Currency
 - Since suppliers from different countries use different numbering format in invoices, please state the invoice currency for clarity on invoice amount.
 - Applying the same currency to both PO and invoice can help minimise potential confusion on invoice amount.

Invoice/ credit note (sample)						
Bill to address		Vendor Name* (se	e tip 4)			
Novo Nordisk*		Vendor Address*	Vendor Address*			
Address*		Telephone numbe	Telephone number			
CVR No.*		Email address	Email address			
Invoice details		VAT ID*	VAT ID*			
Invoice Number*		Bank Name	Bank Name			
Invoice Date*		Bank Address	Bank Address			
Invoice Currency* e.g. DKK (see tip 5)		Bank Country	Bank Country			
PO number* e.g. 8000003227 (see tip 1)		Beneficiary Name*	Beneficiary Name* (see tip 2)			
Requester Initials e.g. ABCD (see tip 1)		Bank Key* (see tip	Bank Key* (see tip 3)			
Payment term*		Bank Account num	Bank Account number* (see tip 3)			
Due date:		IBAN Number	IBAN Number			
Delivery note/ batch no.		SWIFT code	SWIFT code			
Delivery address: Delivery date:		FIK Code:	QR Code:	Boleto Reference:		
SL no. Description	Per unit Price	Quantity	VAT%	Amount (currency)		
XXX	XXX	XXX		XXX		
XXX	XXX	XXX		XXX		
Total				XXX		
VAT*			%	XXX		
Total payable*				XXX		

*Mandatory field

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