

# Program Signature Form

MBA/MBSA number	U7375742	6-DG6CQAO2R
Agreement number	30EA6072	

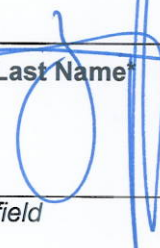
**Note:** Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

Contract Document	Number or Code
Enterprise Enrollment (Indirect)	X20-10471
Discount Transparency Disclosure Form	X20-12769
Product Selection Form	0285840.003
Enterprise Amendment	M23-6-DG6CQAO2R

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer	
<b>Name of Entity (must be legal entity name)*</b>	LEPL Financial Analytical Service, Ministry of Finance of Georgia
<b>Signature*</b>	
<b>Printed First and Last Name*</b>	George Kurtanidze
<b>Printed Title</b>	Head of Financial-Analytical Service
<b>Signature Date*</b>	30/01/2015

\* indicates required field

Microsoft Affiliate	
<b>Microsoft Ireland Operations Limited</b>	
VAT number IE8256796U	 Microsoft Ireland Operations Ltd.  <span style="color: red;">06 FEB 2015</span>  Joseph Pasternak Duly Authorised on behalf of Commercial Customer Operations
Signature _____	
Printed First and Last Name	
Printed Title	
Signature Date (date Microsoft Affiliate countersigns)	
Agreement Effective Date (may be different than Microsoft's signature date)	26/01/15

**Optional 2<sup>nd</sup> Customer signature or Outsourcer signature (if applicable)**

Customer
Name of Entity (must be legal entity name)*
Signature* _____
Printed First and Last Name*
Printed Title
Signature Date*

\* indicates required field

Outsourcer
Name of Entity (must be legal entity name)*
Signature* _____
Printed First and Last Name*
Printed Title
Signature Date*

\* indicates required field

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

**Microsoft Ireland Operations Limited**  
 Atrium Building Block B  
 Carmenhall Road  
 Sandyford Industrial Estate  
 Dublin 18, Ireland  
 Attention: EOC Program Operations Dept.

Processed	30/01/15
Original Received	25/02/15