

Program Signature Form

MBA/MBSA number	U7375742	
Agreement number	7417741	

Proposal ID

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	
Get Genuine Agreement	X20-05250	
<choose agreement=""></choose>	Document Number or Code	
<choose agreement=""></choose>	Document Number or Code	
<choose agreement=""></choose>	Document Number or Code	
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Document Description	Document Number or Code	
Document Description	Document Number or Code	
Document Description	Document Number or Code	
Document Description	Document Number or Code	
Document Description	Document Number or Code	

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.

TENERSON SALES	Customer
Name of Entity (must be Finance of Georgia	egal entity name)* LEPL Financial Analytical Service, Ministry of
Signature*	on behalf of Government of Georgia
Printed First and Last Nam	Head of Financial-Analytical Service
Printed Title	Head of Financial-Analytical Service
Signature Date*	30/01/2015
* indicates required field	

Microsoft Ireland Operations Limited

VAT number IE8256796U

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)

Optional 2nd Customer signature or Outsourcer signature (if applicable)

Customer		
Name of Entity (must be legal entity name)*	-	
Signature*	ST THE STATE OF TH	
Printed First and Last Name*		
Printed Title		
Signature Date*		
* indicates required field	-	

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

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

^{*} indicates required field

^{*} indicates required field

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.

