

Supplemental Contact Information Form

This form can be used in combination with MBSA, Agreement, and Enrollment/Registration. However, a separate form must be submitted for each enrollment/registration, when more than one is submitted on a signature form. For the purposes of this form, "entity" can mean the signing entity, Customer, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement. Primary and Notices contacts in this form will not apply to enrollments or registrations.

This form applies to: ☒ Enrollment/Affiliate Registration Form

Insert primary entity name if more than one Enrollment/Registration Form is submitted

Contact information.

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (*) indicate required fields; if the entity chooses to designate other contact types, the same required fields must be completed for each section. By providing contact information, entity consents to its use for purposes of administering the Enrollment by Microsoft and other parties that help Microsoft administer this Enrollment. The personal information provided in connection with this agreement will be used and protected according to the privacy statement available at <https://www.microsoft.com/licensing/servicecenter>.

1. Additional notices contact.

This contact receives all notices that are sent from Microsoft. No online access is granted to this individual.

Name of entity* Department of Health and Social Care

Contact name*: First Tim **Last** Arnold

Contact email address* tim.arnold@nhs.net

Street address* 1, Trevelyan Square Boar Lane

City* Leeds **Postal code*** LS1 6AE

Country* United Kingdom

Phone* 07825448326 **Fax**

☐ This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

2. Software Assurance manager.

This contact will receive online permissions to manage the Software Assurance benefits under the Enrollment or Registration.

Name of entity* Bytes Software Services LTD

Contact name*: First Chris **Last** Swani

Contact email address* chris.swani@bytes.co.uk

Street address* Bytes House, Randalls Way

City* Leatherhead **Postal code*** KT22 7TW

Country* United Kingdom

Phone* 01372 418 500 **Fax**

☒ This contact is a third party (not the entity). Warning: This contact receives personally identifiable information of the entity.

3. *Subscriptions manager.*

This contact will assign MSDN, Expression, and TechNet Plus subscription licenses to the individual subscribers under this Enrollment or Registration. Assignment of the subscription licenses is necessary for access to any of the online benefits, such as subscription downloads. This contact will also manage any complimentary or additional media purchases related to these subscriptions.

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Contact name*: First Tim **Last** Arnold

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Country* United Kingdom

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4. *Online services manager.*

This contact will be provided online permissions to manage the online services ordered under the Enrollment or Registration.

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Country* United Kingdom

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5. *Customer Support Manager (CSM).*

This person is designated as the Customer Support Manager (CSM) for support-related activities.

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Contact name*: First Tim **Last** Arnold

Contact email address* tim.arnold@nhs.net

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City* Leeds **Postal code*** LS1 6AE

Country* United Kingdom

Phone* 07825448326 **Fax**

(For Japan only)

Name of entity*

Contact name*: First **Last**

Contact email address*

Street address*

City* **Postal code***

Country*

Phone* **Fax**

☐ This contact is a third party service provider (not the entity). Warning: This contact receives personally identifiable information of the entity. Entity authorizes Microsoft to deliver Services directly to this third party service provider and acknowledges it will receive personally identifiable information of entity's employees. Entity acknowledges and agrees that this third party service provider is entity's agent and is acting solely on entity's behalf. Entity is solely responsible for this third party service provider's use of any Services, its compliance with the terms of the Enrollment, and any of its acts or omissions related to the Services.

6. *Primary contact information.*

An individual from inside the organization must serve as the primary contact. This contact receives online administrator permissions and may grant online access to others. This contact also receives all notices unless Microsoft is provided written notice of a change.

Name of entity* Department of Health and Social Care

Contact name*: First Tim **Last** Arnold

Contact email address* tim.arnold@nhs.net

Street address* 1, Trevelyan Square Boar Lane

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Country* United Kingdom

Phone* 07825448326 **Fax**

7. *Notices contact and online administrator information.*

This individual receives online administrator permissions and may grant online access to others. This contact also receives all notices.

☒ *Same as primary contact*

Name of entity* Department of Health and Social Care

Contact name*: First Tim **Last** Arnold

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