

Program Signature Form

MBA/MBSA number

U5512651

VV_NHSWin_250418

Agreement number

E9763912

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 Agreement	X20-10098
Enterprise Subscription Enrollment (Indirect)	X20-11075
Product Selection Form	0725425.005 PSF
Enterprise Subscription Amendment	CTM-CTC-CTL-EDM-ENR-OST VV_NHSWin_250418
Discount Transparency Disclosure Form	0725425.005 DTDF
Online Services Supplemental Terms and Conditions	X20-14387

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
Name of Entity (must be legal entity name)* Department of Health and Social Care
Signature* Sarah Parker
Printed First and Last Name* Sarah Parker
Printed Title Head of Contract Management
Signature Date* 4/27/2018

* indicates required field

Microsoft Affiliate
Microsoft Ireland Operations Limited
VAT number IE8256796U
Signature Camila da Silva Weber Printed First and Last Name Camila da Silva Weber Printed Title Signature Date 4/27/2018 (date Microsoft Affiliate countersigns)
Agreement Effective Date 4/2/2018 (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* _____ 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

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 South County Industrial Park,
 Leopardstown,
 Dublin 18,
 D18 P521