



Company Contribution Agreement

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("**Company**")
with its registered address at

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8. It is your responsibility to notify Zabbix when any change is required to the list of designated employees authorized to submit Contributions on behalf of the Corporation, or to the Corporation's Point of Contact with Zabbix.

9. Company details:

Company name:

Company Address:

Point of Contact:

Country:

Telephone:

E-mail:

(optional) Contribution reasons:

Date:

Title:

Company:

Please sign:



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Appendix A

[Initial list of designated employees and teir Zabbix IDs. NB: authorization is not tied to particular Contributions.]

Full Name	Zabbix Account ID

To receive personal Zabbix account IDs register at <https://support.zabbix.com>

Appendix B

[Identification of optional concurrent software grant. Would be left blank or omitted if there is no concurrent software grant.]

Date:Title:Company:

Please sign: