



NATIONAL ADMINISTRATOR OF EUROPEAN REGISTRY AND KP REGISTRY

AGREEMENT TO THE GENERAL TERMS TO OPEN, AMEND AND ADMINISTER A PERSON HOLDING ACCOUNT

(Pursuant to the Order of 28 December 2012 approving the standard agreements mentioned in Article R. 229-35 of the Environmental Code)

Please complete, date and sign this application form

Enclose all required supporting documents

Send this original application form (including all pages) and supporting documents by registered post with acknowledgment of receipt to the following address:

National Administrator of European Registry and KP Registry
Caisse des Dépôts - Services Bancaires DSBF 5
15 Quai Anatole France
75356 Paris Cedex 7 SP - FRANCE

If you have any queries you can contact the Registry Management Team:

- By telephone: +33 1 58 50 87 00 and press 3: for non-operators
- By Email: RegistreFrancais-GES@caissedesdepots.fr

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- Application to open a person holding account in European registry (EU-100-)
 Application to open a person holding account in KP registry (FR-121-)
or
 Changes to account n° **EU-100-** _____
 Changes to account n° **FR-121-** _____

I, the undersigned, Mr. /Mrs...

LEGAL REPRESENTATIVE: _____
SURNAME: _____ FORENAME: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
POSITION: _____
Telephone no 1: _____ Telephone no 2: _____
Email: _____

Representing the company:

COMPANY NAME: _____
COMPANY INCORPORATION NUMBER: _____
FULL ADDRESS OF REGISTERED OFFICE (including State or Region and Country): _____
SIREN N°¹: _____ (9 car.) NAF CODE²: _____ (4 car.)
INTRACOMMUNITY VAT NUMBER (if known) _____
- Is your company listed or regulated? <input type="checkbox"/> Yes <input type="checkbox"/> No
- Is your company a subsidiary of a listed or regulated company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, thank you to indicate the name of your listed mother or regulated company _____
If not, thank you to fill the certificate of beneficial owner (see web link below) and to specify whether you are a subsidiary of a not listed mother or not regulated company. _____
http://www.seringas.caissedesdepots.fr/sites/www.seringas.caissedesdepots.fr/IMG/xls/certificate_beneficial_owner.xls

Request the opening (or modification) of a “ Person Holding Account ” and agree with the General and Special Terms and Conditions for opening and administering an “Person Holding Account” in the European Union Registry and the PK Registry

¹ In France, the SIREN (System Identification Business Directory) is a single code used to identify a French company.

² NAF is the French Nomenclature of Activities. It allows the codification of the Main activity Exercised (EPA) for businesses and institutions.



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- I certify that all information given in this Special Conditions is accurate
- I have read and understood the regulations applying to the European Union Registry and the PK Registry and agree to comply with those regulations
- I have read and understood all the provisions of the General Terms and Conditions for opening and administering a “ *Person Holding Account* ” deriving from the standard agreements referred to in Article R. 229-35 of the Environmental Code as approved by the Order of 28 December 2012 and published in the Official Bulletin of the Ministry of Ecology 25 January 2013 as well as the present Special Terms and Conditions and I declare to accept them unreservedly.

These conditions cancel and replace those that have been previously agreed with the National Administrator for the same purpose. They are applicable to the date of signature of this application form³.

EXECUTED AT:

ON:

ORIGINAL SIGNATURE (REQUIRED)

The signature must match the signature on your ID card or Passport

Signature of the Legal Representative

SIGNATURE CARD - LEGAL REPRESENTATIVE

NAME, FIRST NAME	SIGNATURE MODEL 1	SIGNATURE MODEL 2
<hr/> <p>Specimen Signature (Two identical signatures) The signature must match the signature on your ID card or Passport</p>	Sign 1	Sign 2

³ A lack of signature by the Holder of this application within [60] working days from the date of issue by the National Administrator, is a suspension of the operation (s) account (s) existing holder



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 or
 Changes to account n° **EU-100-** _____
 Changes to account n° **FR-121-** _____

**INFORMATION ABOUT THE TWO AUTHORISED PERSONS TO REQUEST BUT
NOT TO VALIDATE TRANSACTIONS**

The regulations require the appointment of two separate authorised persons.

Mandatory data

AUTHORISED PERSON No.1 AUTHORISED TO REQUEST	SURNAME: _____ FORENAME: _____	
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH: _____	
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____	
	Telephone no.: _____ Mobile telephone no. (Required*): _____	
	Email** : _____	
	Signature Specimen (Two identical signatures) The signature must match the signature on your ID or Passport	Signature 1

Mandatory data

AUTHORISED PERSON No.2 AUTHORISED TO REQUEST	SURNAME: _____ FORENAME: _____	
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH: _____	
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____	
	Telephone no.: _____ Mobile telephone no. (Required*): _____	
	Email** : _____	
	Signature Specimen (Two identical signatures) The signature must match the signature on your ID or Passport	Signature 1

* To connect to the European Registry each Authorized Person receives a code SMS on his mobile phone. For security reasons the same mobile number cannot be assigned to several persons.

**For security reasons same email cannot be assigned to several persons.

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**INFORMATION ABOUT THE TWO ADDITIONAL AUTHORISED PERSONS TO
VALIDATE TRANSACTIONS**

The regulations require the appointment of one or more persons authorised to validate transactions, who must be separate from the persons authorised to request transactions.

Optional data

ADDITIONAL AUTHORISED PERSON No.1 AUTHORISED TO VALIDATE TRANSACTIONS	SURNAME: _____ FORENAME: _____		
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH _____		
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____		
	Telephone no.: _____ Mobile telephone no. (Required*): _____		
	Email** : _____		
	Signature Specimen (Two identical signatures) The signature must match the signature on your ID or Passport	Signature 1	Signature 2

Optional data

ADDITIONAL AUTHORISED PERSON No.2 AUTHORISED TO VALIDATE TRANSACTIONS	SURNAME: _____ FORENAME: _____		
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH _____		
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____		
	Telephone no.: _____ Mobile telephone no. (Required*): _____		
	Email** : _____		
	Signature Specimen (Two identical signatures) The signature must match the signature on your ID or Passport	Signature 1	Signature 2

* To connect to the European Registry each Authorized Person receives a code SMS on his mobile phone. For security reasons the same mobile number cannot be assigned to several persons.

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ABOUT THE AUTHORISED PERSON FOR READ ACCESS ONLY

Optional data

AUTHORIZED PERSON FOR READ ONLY ACCESS	SURNAME: _____ FORENAME: _____	
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH _____	
	FULL BUSINESS ADDRESS (including State or Region and Country) _____	
	Telephone no.: _____ Mobile telephone no (Required) *: _____	
	Email **: _____	
Signature Specimen (Two identical signatures) The signature must match the signature on your ID card or Passport	Sign 1	Sign 2

* To connect to the European Registry each Authorized Person receives a code SMS on his mobile phone. For security reasons the same mobile number cannot be assigned to several persons.

**For security reasons same email cannot be assigned to several persons.

INFORMATION ABOUT THE CONTACT PERSON FOR THE BILLING

CONTACT PERSON FOR THE BILLING	SURNAME: _____ FORENAME: _____	
	DATE OF BIRTH: __/__/____ PLACE OF BIRTH _____	
	BILLING ADDRESS (complete if different from company address): _____	
	Telephone N° 1 : _____ Telephone N° 2 : _____	
	Email : _____	

LIST OF DOCUMENTS REQUIRED

Please provide the following documents

- Note:** All documents submitted in a **language different from English or from French** must be translated by a sworn translator into English or into French.

1. If the account holder of a person holding account is a legal person

<i>Documents required for the company</i>	Check
1. Proof of Existence of legal entity dated within the previous 3 months - France: KBIS Extract . – French certificate of incorporation - Original document required - Others countries: Notarized, legalized or certified true copy of foreign equivalent document (Ex : « Certificate of registration” or “Certificate of incorporation »)	
2. Articles of Association and up to date with registered entities and / or corresponding legal authorities. (Example in France: Commercial Court) - France: Original or notarized copy - Others countries: Notarized copy	
3. BIC - SWIFT ID - Bank details of the corporation within the EEA (European Economic Area)	
4. Last annual accounts or financial statements (audited or, failing that, certified by the tax authorities or by the financial director of the legal entity holding the account)	
5. Account holder’s liability to VAT : - France and EEA: VAT registration number, failing that, a certificate of quality non-taxable. - OECD and others: Certificate of status of taxable / non-VAT registered.	
6. Shareholder – Certificate of identification of the final beneficiary – Original document required A default, a certificated if the client is listed or regulated; or if the client is a subsidiary of a listed or regulated company http://www.seringas.caissedesdepots.fr/sites/www.seringas.caissedesdepots.fr/IMG/xls/certificate_beneficial_owner.xls	
7. List of Directors of the legal entity – Original document signed by the legal representative	

<i>Documents required for the legal representative or empowered representative by the company</i>	Check
8. Notarized, legalized or certified true copy of a current valid National Identity Card or passport. (both sides and legible – sign by the owner of the document - NO auto-certification)	
9. Power of Attorney The legal representative or empowered representative by the company must prove its legitimacy to bind the entity: Either the name is registered in the certificate of incorporation, in the Articles of association, or it has the necessary powers of attorney from the origin of a person designated in the certificate of incorporation or in the Articles of association. – Original document required	
10. Notarized, legalized or certified true copy of an evidence of personal domicile dated less than 3 months (electricity bill, telephone bill -not cell phone, etc.)	
11. Original extract of criminal record from residence country dated less than 3 months	



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<i>Documents required for the authorized persons (AP) and additional authorized persons (AAP)</i>	Check			
	PA1	PA2	PAA1	PAA2
12. Notarized, legalized or certified true copy of a current valid National Identity Card or passport. (both sides and legible – sign by the owner of the document - NO auto-certification)				
13. Notarized, legalized or certified true copy of an evidence of personal domicile dated less than 3 months (electricity bill, telephone bill -not cell phone-, etc.).				
14. Mobile phone bill dated within the three-month inventory. Corresponding to the telephone number used to receive SMS codes to connect to European Registry				
15. Original extract of criminal record from residence country dated less than 3 months				

Note: Please provide the same documents listed above for additional persons to read-only access

<i>Check in the form: Agreement to open or amend an non – operator account</i>	Check
The form is dated and signed by the legal representative, signed by authorized persons and all the form fields filled his	

2. If account holder of a person holding account is a natural person

<i>Documents required for the natural person requesting the account opening.</i>	Check
1. Notarized, legalized or certified true copy of a current valid National Identity Card or passport. (both sides and legible – sign by the owner of the document - NO auto-certification)	
2. BIC - SWIFT ID - A document proving that the person requesting the account opening has an open bank account in a Member State of the European Economic Area	
3. Power : A signed statement indicating that it wishes to nominate a particular person as authorized person (AP) or additional authorized person (AAP), confirming that "PA" has the right to engage in transactions or that "AAP" has the right to approve transactions on behalf of the account holder and indicating any restrictions on this right - Original document required	
4. Notarized, legalized or certified true copy of an evidence of personal domicile dated less than 3 months	
5. Original extract of criminal record from residence country dated less than 3 months	
6. Account holder's liability to VAT : - France and EEA: VAT registration number, failing that, a certificate of quality non-taxable. - OECD and others: Certificate of status of taxable / non-VAT registered.	
7. Any item which might demonstrate that the holder has the necessary guarantees to meet the undertakings which the holder may make. Original required	



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Documents required for the authorized persons (AP) and additional authorized persons (AAP)

- 8.** Notarized, legalized or certified true copy of a current valid **National Identity Card or passport.** (both sides and legible – sign by the owner of the document - **NO** auto-certification)
- 9.** Notarized, legalized or certified true copy of an **evidence of personal domicile** dated less than 3 months (electricity bill, telephone bill -not cell phone-, etc).
- 10. Mobile phone bill dated within the three-month inventory.**
Corresponding to the telephone number used to receive SMS codes to connect to European Registry
- 11. Original extract of criminal record from residence country** dated less than 3 months

Check			
PA1	PA2	PAA1	PAA2

Note: Please provide the same documents listed above for additional persons to read-only access

Check in the form: Agreement to open or amend an non – operator account

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Check

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