

**NATIONAL ADMINISTRATOR OF  
EUROPEAN REGISTRY AND KP REGISTRY**

**AGREEMENT TO THE GENERAL TERMS TO OPEN AND ADMINISTER AN  
OPERATOR 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 2 for operators
- By Email: [RegistreFrancais-GES@caissedesdepots.fr](mailto:RegistreFrancais-GES@caissedesdepots.fr)

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Application to open an operator holding account

or

Changes to account n° EU-100- \_\_\_\_\_

Changes to account n° FR-120<sup>1</sup>- \_\_\_\_\_

**INFORMATION ABOUT THE OPERATOR**

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

<b>LEGAL REPRESENTATIVE</b>	
SURNAME : _____	FORENAME : _____
DATE OF BIRTH : _____	PLACE OF BIRTH : _____
POSITION : _____	
Telephone N° 1: _____	Telephone N° 2 : _____
Email : _____	

**Representing the company:**

COMPANY NAME : _____
COMPANY INCORPORATION NUMBER (SIREN): _____ (9 car.)
NAF CODE (Nomenclature of French Activities): _____ (5 car.)
FULL ADDRESS OF REGISTERED OFFICE : _____
NUMBER OF INSTALLATIONS AFFECTED BY THE APPLICATION : _____
INTRACOMMUNITY VAT NUMBER (if known) _____
IF THE OPERATOR IS A SUBSIDIARY OF ANOTHER COMPANY UNDER THE TERMS OF ARTICLE L.233-1 OF THE COMMERCIAL CODE, IDENTIFICATION OF THIS COMPANY (name, form, capital, address of the registered office and SIREN no.) : _____
- Is your company listed at the stock exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No
- Is your company a subsidiary of a listed company? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, thank you to indicate the name of your listed mother company and the percentage holding
_____
If not, thank you to provide a complete description of your shareholder composition, signed by the legal representative. We need to find the company final beneficiary's.

<sup>1</sup> Former operator account, now considered as person account in national registry by the European regulation.



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

- 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 an “Operator 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.

**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><b>Specimen Signature (Two identical signatures)</b> The signature must match the signature on your ID card or Passport</p>	Sign 1	Sign 2

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Changes to account n° **FR-120-** \_\_\_\_\_

**ABOUT THE INSTALLATION**

**NAME OF THE INSTALLATION:** \_\_\_\_\_

**COMPLETE ADDRESS OF THE INSTALLATION<sup>2</sup>:** \_\_\_\_\_  
\_\_\_\_\_

**OWNER OF THE INSTALLATION (IF OTHER THAN THE OPERATOR):**  
\_\_\_\_\_  
\_\_\_\_\_

**ENTRY INTO FORCE DATE OF THE PERMIT:** \_\_\_\_\_

**GEPER USER ID<sup>3</sup>:** \_\_\_\_\_ **GIDIC CODE<sup>4</sup>:** \_\_\_\_\_

**SIRET No.:** \_\_\_\_\_ **ACTIVITY CATEGORY<sup>5</sup>:** \_\_\_\_\_

**ACCOUNT NAME:** \_\_\_\_\_

**ABOUT THE EMPOWERED CONTACT FOR THE INSTALLATION**

**Optional data**

**SURNAME AND GIVEN NAME:** \_\_\_\_\_

**COMPLETE ADDRESS :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone N° 1 :** \_\_\_\_\_ **Telephone N° 2 :** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Note:** These items are not displayed upon request of the account holder in accordance with Article 83 Regulation EC 1193/2011

<sup>2</sup> Or of the place of business, with both terms synonymous for the registry

<sup>3</sup> Annual reporting of releases (GEREP)

<sup>4</sup> Code assigned by the DREAL / Ministry in charge of the environment

<sup>5</sup> Wording within the meaning of Article R 229-5 of the French environmental Code

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- Application to open an operator holding account  
or  
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 Changes to account n° **FR-120-** \_\_\_\_\_

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

The regulation requires the provision of two distinct authorized representatives.

**Mandatory data**

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

<b>AUTHORISED REPRESENTATIVE No.2 AUTHORISED TO REQUEST</b>	SURNAME _____ FORENAME: _____	
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____	
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____	
	Telephone no.: _____ Mobile telephone no (Required) *: _____	
	Email **: _____	
<b>Signature Specimen (Two identical signatures)</b> 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.

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**INFORMATION ABOUT THE ADDITIONAL AUTHORISED REPRESENTATIVES TO  
VALIDATE TRANSACTIONS**

Remark, these persons has to be different from the authorized representatives to request transactions.

**Optional data**

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

**Optional data**

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

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Changes to account n° **FR-120-** \_\_\_\_\_

**ABOUT THE AUTHORISED REPRESENTATIVE FOR READ ACCESS ONLY**

**Optional data**

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

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

**ABOUT THE CONTACT PERSON FOR THE BILLING**

<b>CONTACT PERSON FOR THE BILLING</b>	The contact person for billing is the legal representative? Yes _____ No _____	
	If not, thank you to fill the following information:	
	SURNAME _____ FORENAME: _____	
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____	
	BILLING ADDRESS (complete if different from company address): _____ _____	
	Telephone N° 1 : _____ Telephone N° 2 : _____	
	Email : _____	

## NATIONAL ADMINISTRATOR OF EUROPEAN REGISTRY AND KP REGISTRY

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### 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.

<i>Documents required for the company</i>	Check
<b>1. KBIS Extract</b> original or foreign equivalent (Ex : « Certificate of incorporation ») dated within the previous 3 months - France: KBIS extract original - Others Pays: Notarized, legalized or certified true copy of foreign equivalent	<input type="checkbox"/>
<b>2. Articles of Association and up to date with registered entities and / or corresponding legal authorities.</b> Certified true copy by the legal representative.	<input type="checkbox"/>
<b>3. List of Directors</b> of the legal entity – Original document signed by the legal representative	<input type="checkbox"/>
<b>4. Account holder's liability to VAT :</b> - 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.	<input type="checkbox"/>
<b>5. Last annual accounts or financial statements</b> (audited or certified by the legal representative of the holding the account)	<input type="checkbox"/>
<b>6. Shareholder</b> – complete description of your shareholder composition. We need to find the company final beneficiary's and to know if it is listed or regulated.	<input type="checkbox"/>

<i>Documents required for the legal representative or empowered representative by the company</i>	Check
<b>7.</b> Notarized, legalized or certified true copy of a current valid <b>National Identity Card or passport.</b> (both sides and legible – sign by the owner of the document)	<input type="checkbox"/>
<b>8. Power of Attorney</b> 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	<input type="checkbox"/>

<i>Documents required for the authorized representatives (AR) and additional authorized representatives(AAR)</i>	Check			
	PA1	PA2	PAA1	PAA2
<b>9.</b> Notarized, legalized or certified true copy of a current valid <b>National Identity Card or passport.</b> (both sides and legible – sign by the owner of the document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b> Notarized, legalized or certified true copy of an <b>evidence of personal domicile</b> dated less than 3 months (electricity bill, telephone bill -not cell phone-, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Original extract of criminal record</b> dated less than 3 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<i>Check in the form: Agreement to open or amend an 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	<input type="checkbox"/>