



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

**AGREEMENT TO THE GENERAL TERMS TO OPEN AND ADMINISTER AN
AIRCRAFT 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 acknowledgement of receipt to the following address:

Caisse des Dépôts
National Administrator of French Registry
DPS – DFi - P0F400
12, avenue Pierre Mendès-France
TSA N° 61348
75914 Paris CEDEX 13
FRANCE

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

- By Email: REGISTRE-AVIATION-FR@caissedesdepots.fr
- By phone : +33 (0) 7 86 76 80 95

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- Application to open an Aircraft Operator Holding Account
or
 To modify the account: n° **EU-100-** _____
or
 Account periodic review n° **EU-100-** _____

LEGAL REPRESENTATIVE

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

Underlined fields are mandatory

SURNAME: _____ **FORENAME:** _____
Date of birth: ____ / ____ / ____ **Place of birth:** _____
Position: _____ **e-mail:** _____
Phone number 1: _____ **Phone number 2:** _____

Representing the company:

Underlined fields are mandatory

Company Name: _____
Company Incorporation Number: _____
Address of registered office (including State or Region and Country): _____

Unique Identifier (regulation EC 748/2009): _____ **OACI indicator:** _____
Monitoring plan Identification Code: _____
First year of the monitoring plan: _____

Is your company listed at the stock exchange? Yes No

- If no: please provide the shareholder structure. The ultimate beneficial owners need to be identified.

Is your company a subsidiary of a company? Yes No

- If yes: please indicate the name of the parent companies and the percentage of shares held by the parent companies



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

- I certify that all information given in this Application Form is accurate
- I have read and understood the regulations applying to the European Union 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 “Aircraft 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.

Date: _____/_____/_____

LEGAL REPRESENTATIVE ORIGINAL SIGNATURES

NAME, FIRST NAME	SPECIMEN SIGNATURE 1	SPECIMEN SIGNATURE 2
<p>----- -----</p> <p align="center">Specimen Signatures (Two identical signatures) The signature must match the signature on your ID card or Passport</p>	<p>Sign 1</p>	<p>Sign 2</p>



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ACCOUNT INFORMATION

Name of the account: _____

Approval for transfers to trusted accounts, tick the checkbox only if you want to change the default behaviour:

- By default, transfers to trusted accounts need to be approved, by another Account Representative (AR) having the approver role, before its execution (4 eyes principle – 2 AR to perform a transaction). **I would like to change this behaviour** for the account mentioned above **and allow the execution of transfers to trusted accounts to be performed at the initialization of the transfer** (2 eyes principle – **only one AR may perform a transfer to a trusted account**).

Transfers outside TAL permission¹, tick the checkbox only if you want to change the default behaviour:

- By default, transfers outside TAL is not allowed. **I would like to change this option** for the accounts mentioned above **and grant the permission to transfer outside of TAL**.

INVOICE CONTACT INFORMATION

(Mandatory)

Invoices are sent by e-mail.

SURNAME: _____ **FORENAME:** _____

Date of birth: ____/____/____. **Place of birth:** _____

E-mail (mandatory): _____

Professional address: _____

Phone number 1: _____ **Phone number 2:** _____

¹ Transfers outside of TAL **always need the approval of another AR** (4 eyes principle – execution of the transfer after the approval of another AR).



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AUTHORISED REPRESENTATIVE INFORMATION

The regulations require at least two authorised representatives

All fields are mandatory

SURNAME: _____ **FORENAME:** _____

Date of birth: ____/____/____ **Place of birth:** _____

Professional address (including Country, State/Region and Post code): _____

Telephone number: _____ **GSM number¹:** _____

E-mail address²: _____

Role of the Authorised Representative (AR) for this account, tick only one checkbox:

Initiator: can initiate a transaction and initiate an addition/removal of an account to/from the trusted account list.

Approver: can approve a transaction initiated by another AR and approve an addition/removal of an account to/from the trusted account list initiated by another AR.

Initiator/Approver: can initiate a transaction and initiate an addition/removal of an account to/from the trusted account list. Can also approve a transaction initiated by another and approve an addition/removal of an account to/from the trusted account list initiated by another AR.

Read only: cannot initiate nor approve transactions. Cannot initiate or approve an addition/removal of an account to/from the trusted account list.

<p>Specimen Signatures (Two identical signatures) The signature must match with the signature on your ID card or Passport</p>	<p>Signature 1</p>	<p>Signature 2</p>
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¹ One GSM number cannot be linked to 2 different Representatives

² One e-mail address cannot be linked to 2 different Representatives



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Date of birth: ____/____/____ **Place of birth:** _____

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Telephone number: _____ **GSM number¹:** _____

E-mail address² : _____

Role of the Authorised Representative (AR) for this account, tick only one checkbox:

- Initiator:** can initiate a transaction and initiate an addition/removal of an account to/from the trusted account list.
- Approver:** can approve a transaction initiated by another AR and approve an addition/removal of an account to/from the trusted account list initiated by another AR.
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- Read only:** cannot initiate nor approve transactions. Cannot initiate or approve an addition/removal of an account to/from the trusted account list.

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You can print this page, as many times as needed.

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LIST OF DOCUMENTS REQUIRED

- **Note:** - **All documents must be dated less than 3 months, signatures must be original.**
- All documents submitted in a **language different from English or from French** must be translated by a sworn translator into English or into French.

Documents required for the company	Check
1. Proof of Existence of the legal entity dated within the previous 3 months - France: KBIS Extract . – French certificate of incorporation - Original document required - Other countries: Notarized, legalized, or certified true copy of foreign equivalent document (E.g. "Certificate of registration" or "Certificate of incorporation").	<input type="checkbox"/>
2. List of Directors of the legal entity Original document signed by the Legal Representative.	<input type="checkbox"/>
3. Confirmation of VAT registration : VAT registration number with country code or certificate of non-liability for VAT if applicable.	<input type="checkbox"/>
4. Group Structure – If the account holder is part of a group, it shall provide a document clearly identifying the structure of the group. The document should be dated and signed by the Legal Representative (original signature required). The date shall not be more than three months prior to the date of application.	<input type="checkbox"/>
5. Shareholder information Complete description of the Shareholder or Ownership Structure of the legal entity is required. All owners, particularly the Ultimate Beneficial Owners (UBO) who own or control 25% or more of the legal entity need to be identified. Documents submitted under this category need to be dated and signed by the Legal Representative or a Director. The date shall not be more than three months prior to the date of application.	<input type="checkbox"/>

Documents required for the legal representative or empowered representative by the company	Check
6. National Identity Card or Passport. Notarized, legalized, or certified true copy of a current valid For France simple copies auto certified (copy should include both sides of the document and legible signature)	<input type="checkbox"/>
7. Power of Attorney The legal representative must prove his legitimacy to bind the entity: Either his name is registered in the Certificate of incorporation, in the Articles of association, or he is empowered to act on the Company's behalf by a person listed in the Certificate of incorporation or in the Articles of association. Original or certified true copy required.	<input type="checkbox"/>

Documents required for authorised representatives (AR)	Check			
	AR1	AR2	AR3	AR4
8. National Identity Card or passport. Notarized, legalized, or certified true copy of a current valid For France simple copies auto certified (copy should include both sides of the document and legible signature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Evidence of personal domicile Notarized, legalized, or certified true copy For France we accept simple copies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Original extract of criminal record from the country of residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: AR with "Read only" role is also required to provide the documents listed above.



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GENERAL DATA PROTECTION REGULATION (GDPR)

The information collected is processed by Caisse des Dépôts et consignations, a financial institution whose head office is located at 56 rue de Lille - 75007 PARIS (France), and whose legal representative is its Chief Executive Director (referred below as "Caisse des Dépôts"), the authority responsible for data protection (Data Controller).

Caisse des Dépôts, acting as National Administrator of the registry of greenhouse gas (GHG) emission allowances appointed by the French State, has to collect the following categories of personal data: data related to the identification of the account holder and its representatives, data related to the professional life of the account holder and its representatives, economic and or financial data of the account holder and its representatives, data related to criminal convictions of the account holder and its representatives and connection data to the following internet platform:

<https://unionregistry.ec.europa.eu/euregistry/FR/index.xhtml>.

The processing carried out on the basis of personal data collected by Caisse des Dépôts is only devoted to the opening and to the management of the GHG accounts. The French Environment code, particularly Articles L. 229-16 and R. 229-34, is the legal basis of this processing.

The data collected will only be transmitted to authorised persons of/or by Caisse des Dépôts or to legally authorised third parties, including the European Commission. The information collected and identified as mandatory is essential to carry out the processing of your request.

In accordance with the regulations related to the protection of personal data, account representatives (legal representative and authorised representatives) have a right of access and rectification, a right to limitation as well as a right to send to Caisse des Dépôts special instructions relating to their personal data.

Pursuant to Article 78 of Regulation (EU) No. 2019/1122, personal data shall be kept in accordance with the modalities provided by the European Regulation 2016/679, namely:

Personal data shall be removed from the records after five years of the closure of an account or after five years of the closure of business relationship, as defined in Article 3(13) of Directive (EU) 2015/849, with a natural person.

For the purposes of investigation, detection, prosecution, tax administration or enforcement, auditing and financial supervision of activities involving allowances, or of money laundering, terrorism financing, other serious crime or market abuse for which the accounts in the Union Registry may be an instrument, or of breaches of Union or national law ensuring the functioning of the EU ETS, personal data controlled by national administrators may be retained after the closure of the business relationship until the end of a period corresponding to the maximum prescription period of these offences laid down in the national law of the national administrator.

To assert their rights, account holders or account representatives can send an e-mail to the following address : mesdonneespersonnelles@caissedesdepots.fr or a post mail to : Caisse des Dépôts - Personal Data Officer- Etablissement de Bordeaux 5, rue du Vergne 33059 Bordeaux Cedex, France, and attach all necessary documents to justify their identity and their request.

For any additional information or difficulty related to the use of their data, account holders or account representatives can contact our Data Protection Officer (DPO) at the following address: dpo@caissedesdepots.fr. In case of an unresolved difficulty, they can contact the CNIL - The French Data Protection Authority. The CNIL has the general mission of informing individuals of their rights accorded to them by the French Data Protection Act.