

**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 (see page 8).

Send this original application form and documents by email to:
RegistreFrancais-GES@caissedesdepots.fr

**You can find all practical information on how send your digital application on our website
seringas: <https://politiques-sociales.caisssedesdepots.fr/SERINGAS-en>**

Or by registered post with acknowledgment of receipt to the following address:

National Administrator of European Registry and KP Registry
Caisse des Dépôts – DPS – DGFS- PGM100
12, Avenue Pierre Mendès France
75013 Paris
FRANCE

If you have any queries, you can contact the Registry Team by e-mail:
RegistreFrancais-GES@caissedesdepots.fr

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☐ Application to open an 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: _____

N° SIREN : _____

Company Registered Address: _____

European Intra-community VAT Number: _____

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

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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.

Date: ____/____/____

LEGAL REPRESENTATIVE SIGNATURES

NAME, First Name	Handwritten Signature	Electronic Signature
<p>-----</p> <p>-----</p> <p>Signature specimen</p> <p>The signature must match the signature on your ID card or Passport</p>		

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☐ Account periodic review n° EU-100- _____

INSTALLATION INFORMATION

Underlined fields are mandatory.

Name of the installation: _____

Address of the installation: _____

Owner of the installation, Name, Address, SIREN ... (if other than the operator):

Entry into force date of the Permit: ____/____/____

GIDIC code¹ : _____

Activity Category²: _____

CONTACT OF THE INSTALLATION

(optional)

SURNAME: _____ **FORENAME:** _____

Professional address: _____

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

E-mail address: _____

¹ Code assigned by the DREAL / Ministry in charge of the environment

² Wording within the meaning of Article R229-5 of the French environmental Code (catégorie d'activité). The list of activity category can be found on the web site : <https://www.seringas.caissedesdepots.fr>

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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: _____

SIRET Number of the installation: _____

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.

If you replace an AR, please specify his/her name : : _____

<p>Signatures specimens (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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You can print several times this page, as many times as the number of Authorised Representative as you need for your account.

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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AUTHORISED REPRESENTATIVE INFORMATION

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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.

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LIST OF DOCUMENTS REQUIRED

- Note: All documents must be dated less than 3 months.

-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
1. KBIS Extract original	
2. Account holder's liability to VAT: VAT registration number, failing that, a certificate of quality non-taxable.	
3. 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 signed by the Legal Representative.	
4. Shareholder – complete description of your shareholder composition. We need to identify the company final beneficiary's (see CMF article L.561-2-2) and to know if it is listed or regulated. The document should be signed by the Legal Representative.	

<i>Documents required for the legal representative or empowered representative by the company</i>	Check
5. Copy of a current valid National Identity Card or passport. (both sides and legible) - France: Simple copy - Other countries: Copy notarized or legalized by the competent authority	
6. 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 or certified true copy document require	

<i>Documents required for the authorized representatives (AR)</i>	Check			
	AR1	AR2	AR3	AR4
7. Copy of a current valid National Identity Card or passport. (both sides and legible) - France: Simple copy - Other countries: Copy notarized or legalized by the competent authority				
8. Evidence of personal domicile - France and EU: Simple copy - Other countries: Copy notarized or legalized by the national competent authority				
9. Original extract of criminal record from the country of residence, delivered by the national competent Authority.				

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

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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 legal basis for this processing is the performance of a mission of public interest in accordance with Articles L. 229-16 and R. 229-34 of the Environmental Code.

The data collected will only be transmitted to authorized persons from or by the Caisse des Dépôts or to legally authorized third parties, including the European Commission. This processing does not give rise to any transfer outside the European Union. The information collected and marked as mandatory is essential to allow your request to be processed.

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, the right to limitation and opposition as well as the right to send the Caisse des Dépôts special instructions relating to the fate of 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 6 place des Citernes, 33059 Bordeaux Cedex, France, and attach all necessary documents to justify their identity and their request.

We invite you to consult our Personal Data Protection Policy at the following address: <https://www.caissedesdepots.fr/donnees-personnelles-et-cookies/notice-information-seringas>. 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.