

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

**AGREEMENT TO THE GENERAL TERMS TO OPEN 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 (see pages 7 and 8).

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

**You will find all the practical informations on how send your
dematerialize application on our website seringas: [https://politiques-
sociales.caissedesdepots.fr/SERINGAS/accueil-seringas](https://politiques-sociales.caissedesdepots.fr/SERINGAS/accueil-seringas)**

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 Management Team:

- By Email: RegistreFrancais-GES@caissedesdepots.fr

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☐ Application to open a Person Holding Account (PHA)

or

☐ Account modification n° FR-121-

or

☐ Account periodic review n° FR-121-

LEGAL REPRESENTATIVE

(All fields are mandatory)

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

SURNAME: _____

FORNAME: _____

Date of birth: ____/____/____

Place of birth: _____

Position: _____

e-mail: _____

Phone number 1: _____

Phone number 2: _____

Representing the company:

Company Name: _____

Company Registration Number: _____

Company Registered Address (including Country, State/Region and Post code): _____

European Intra-community VAT Number: _____

LEI (Legal Entity Identifier): _____

Is your company listed on the stock exchange?

☐ Yes

☐ No

- If not, please provide a complete description of your shareholding composition, signed by the legal representative. We need to clearly identify the company final Beneficial Owner.



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Request the opening (or modification) of a “person holding account” and agree with the General and Special Terms and Conditions for opening and administering a “person holding account” in the French 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 Kyoto Protocol 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 French Environmental Code as approved by the Order of 28 December 2012 and published in the French 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	Electronical Signature
<div>-----</div> <div>-----</div> <div>Signatures specimens The signature must match with the signature on your ID card or Passport</div>		



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- ☐ Application to open a Person Holding Account (PHA)
or
☐ Account modification n° FR-121- _____
or
☐ Account periodic review n° FR-121- _____

ACCOUNT INFORMATION

Name of the account: _____

Important:

- The destination account of a transfer must be in the Trusted Account List (transfers allowed only to a trusted account).
- All transfers must be initiated by an Authorised Representative (AR).
- if there is at least an Additional Authorised Representative (AAR) for the account, transfers must be validated/approved by an AAR (4 eyes principle)
- if there is no AAR linked to the account, no validation/approval from another AR is needed for a transfer.

INVOICE PERSON INFORMATION

(Compulsory)

Invoices are sent by e-mail.

SURNAME: _____ FORNAME: _____

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

E-mail (compulsory): _____

Professional address: _____

SIRET Number of the company: _____

Phone number 1: _____ Phone number 2: _____



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AUTHORISED REPRESENTATIVES AND ADDITIONAL AR INFORMATION

The regulation requires at least two authorised representatives

All fields are compulsory

SURNAME: _____ FORNAME: _____

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 representative for this account, **tick only one checkbox**:

☐ **Authorized Representative (AR)**: can initiate a transaction and initiate an addition/removal of an account to/from the trusted account list. **If there is no AAR for the account**, the AR can also approve additions/removals of accounts to/from the trusted account list initiated by another AR. **If there is at least one AAR for the account**, the AR cannot approve additions/removals of accounts to/from the trusted account list.

☐ **Additional Authorised Representative (AAR)**: can approve a transaction initiated by an AR and approve additions/removals of accounts to/from the trusted account list initiated by an AR. (**can neither** initiate transactions **nor** initiate additions/removals of accounts to/from the trusted account list)

☐ **Read Only Representative**: cannot initiate or approve transactions. Cannot initiate or approve additions/removals of accounts 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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SURNAME: _____ FORNAME: _____

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 representative for this account, **tick only one checkbox**:

☐ **Authorized Representative (AR)**: can initiate a transaction and initiate an addition/removal of an account to/from the trusted account list. **If there is no AAR for the account**, the AR can also approve a transaction initiated by another AR and approve additions/removals of accounts to/from the trusted account list initiated by another AR. **If there is at least one AAR for the account**, the AR can neither approve transactions nor approve additions/removals of accounts to/from the trusted account list.

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

Signatures specimens (Two identical signatures) The signature must match with the signature on your ID card or Passport	Signature 1	Signature 2
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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.

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

Documents required for the company	Check
1. Proof of Existence of legal entity <ul style="list-style-type: none"> - France: KBIS Extract. – French certificate of incorporation - Others countries: Notarized, legalized or certified true copy of foreign equivalent document (Ex : « Certificate of registration” or “Certificate of incorporation ») 	
2. BIC - SWIFT ID - Bank details of the corporation	
3. Account holder's liability to VAT : <ul style="list-style-type: none"> - 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. 	
4. Shareholder – complete description of your shareholding composition. We need to find the company final beneficiary's and to know if it is listed or regulated. Document signed by the legal representative.	
5. List of Directors of the legal entity – Document signed by the legal representative.	
6. Account holder's liability to AML-FT regulation: If your company is submitted to AML-FT regulation, please provide the Wolfsberg or the CDC-LAB form.	
7. For an account opening request, please provide a letter signed by the legal representative explaining why your company needs to open a trading account in the French Registry.	

Documents required for the legal representative or empowered representative by the company	Check
8. Copy of a current valid National Identity Card or passport. (both sides and legible): <ul style="list-style-type: none"> - France: Simple copy - Other countries: Copy notarized or legalized by the competent authority 	
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 or certified true copy document required	

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Documents required for authorised representatives (AR) and AAR		Check			
		AR1	AR2	AAR1	AAR2
10. 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					
11. Evidence of personal domicile - France and EU: Simple copy - Other countries: Copy notarized or legalized by the national competent authority					
12. Original extract of criminal record from residence country, delivered by the national competent Authority.					

Note: Please provide the same documents listed above for all AR, including the ones with “Read only” role



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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.