



NATIONAL REGISTRY OF GREENHOUSE GAS EMISSION QUOTAS AND CREDITS FOR FRANCE

AGREEMENT TO OPEN OR AMEND AN AIRCRAFT OPERATOR ACCOUNT

Please complete, date and sign the application to open an account

Attach the required supporting documents

Send your completed application to the following address:

Registre Français des Quotas et Crédits d'émission de Gaz à Effet de Serre
Caisse des Dépôts - Services Bancaires
DSBF 5
15 Quai Anatole France
75356 Paris Cedex 7 SP
FRANCE

We recommend sending your application by registered post or other service providing proof of receipt

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

- By telephone: +33 1 58 50 83 63
- By fax: +33 1 58 50 01 87
- By Email: RegistreFrancais-GES@caissedesdepots.fr

You will receive:

- Your login names (by email) and passwords (by registered post)
- Confirmation of any further subsequent requests for changes, by email



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AGREEMENT TO OPEN OR AMEND AN AIRCRAFT OPERATOR ACCOUNT

- Application to open a new Aviation Operator account -
or
 Changes to account no. EU-100-■■■■■-■■

ABOUT THE AVIATION OPERATOR

Mandatory data

COMPANY NAME:
COMPANY INCORPORATION NUMBER:
FULL ADDRESS OF REGISTERED OFFICE (including State or Region and Country): -

UNIQUE IDENTIFIER _____
ICAO INDICATOR (if known) _____
INTRACOMMUNITY VAT NUMBER (if known) _____
MONITORING PLAN IDENTIFICATION CODE _____
FIRST YEAR TO WHICH EMISSIONS MONITORING PLAN APPLIES _____

LEGAL REPRESENTATIVE
SURNAME: _____ **FORENAME(S):** _____
DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____
POSITION: _____
Telephone no.: _____ **Mobile telephone no. (required):** _____
Email: _____

- I certify that all information given in these Special Conditions is accurate.
 I have read and understood the regulations applying to the European Union Registry.
 I have read and understood the terms of the "Aviation Operator" section of the General Conditions of the Agreement to open and hold an account, and accept all of the provisions therein.
 I have read and understood the General Conditions of Use of the registry's site and accept all of the provisions therein.
 I do not wish the French Registry to include information relating to the name, address, locality, post code, country, telephone number, fax number or email address of the main and secondary authorised representatives for the account in its published reports.
 I understand and accept that all documents which I submit will be retained for a period of 15 years after closure of the account(s) to which they pertain.

EXECUTED AT:

ON:

SIGNATURE OF THE LEGAL REPRESENTATIVE (or authorised person):



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INFORMATION ABOUT THE CONTACT PERSON IN THE RESPONSIBLE MEMBER STATE

Optional data

SURNAME AND FORENAME: _____

FULL BUSINESS ADDRESS (including State or Region and Country): _____

Telephone no. (1): _____ **Telephone no. (2):** _____

Email : _____

INFORMATION ABOUT THE AVIATION OPERATOR ACCOUNT

Mandatory data

ACCOUNT HOLDER: _____
(By default, company name or name of the operator)



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

The regulations require the appointment of two separate authorised persons.

Mandatory data

AUTHORISED REPRESENTATIVE No.1 AUTHORISED TO REQUEST BUT NOT TO VALIDATE TRANSACTIONS	SURNAME AND FORENAME: _____	
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____	
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____ _____	
	Telephone no.: _____ Mobile telephone no.: _____	
	Email : _____	
	Signature Specimen (Two identical signatures)	Signature 1

Mandatory data

AUTHORISED REPRESENTATIVE No.2 AUTHORISED TO REQUEST BUT NOT TO VALIDATE TRANSACTIONS	SURNAME AND FORENAME: _____	
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____	
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____ _____	
	Telephone no.: _____ Mobile telephone no.: _____	
	Email : _____	
	Signature Specimen (Two identical signatures)	Signature 1



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INFORMATION ABOUT THE TWO PERSONS AUTHORISED 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.

Mandatory data

AUTHORISED REPRESENTATIVE ADDITIONAL PERSON No.1 AUTHORISED TO VALIDATE TRANSACTIONS	SURNAME AND FORENAME: _____		
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____		
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____		
	Telephone no.: _____ Mobile telephone no.: _____		
	Email : _____		
	Signature Specimen (Two identical signatures)	Signature 1	Signature 2

Optional data

AUTHORISED REPRESENTATIVE ADDITIONAL PERSON No.2 AUTHORISED TO VALIDATE TRANSACTIONS	SURNAME AND FORENAME: _____		
	DATE OF BIRTH: __ / __ / ____ PLACE OF BIRTH _____		
	FULL BUSINESS ADDRESS (including State or Region and Country): _____ _____ _____		
	Telephone no.: _____ Mobile telephone no.: _____		
	Email : _____		
	Signature Specimen (Two identical signatures)	Signature 1	Signature 2

EXECUTED AT:

ON:

SIGNATURE OF THE LEGAL REPRESENTATIVE (or authorised person):

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