



NATIONAL ADMINISTRATOR OF THE EUROPEAN GHG REGISTRY

AGREEMENT TO THE GENERAL TERMS TO OPEN AND ADMINISTER A MARITIME OPERATOR HOLDING ACCOUNT

(Pursuant to: the Directive 2003/87/EC of 13 October 2003, the delegated regulation (EU) 2023/2904 of 25 October 2023 amending Delegated Regulation (EU) 2019/1122, the Directive (EU) 2023/959 of 10 May 2023 amending the Directive 2003/87/EC), and the commission implementing decision (EU) 2024/411 of 30 January 2024)

- **Please complete, date and sign this application form**
- **Enclose all required supporting documents (cf. p7-8)**
- **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
French GHG Registry
DPS – DFi - P0F400
12, avenue Pierre Mendès-France
75013 Paris
FRANCE**

If you have any queries you can contact the Registry management team:

- **By email: registreGES-Maritime-FR@caissedesdepots.fr**
- **By phone: +33 6 79 89 92 48**

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¹ Natural person appointed by the company to represent it and act in its name and on its behalf.

² Legal entity holding the maritime operator holding account.

³ Individuals authorized to act on the account. The legal representative may also be one of the authorized representatives.



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Tick the box corresponding to your situation:

Application to open a **Maritime Operator Holding Account**

To modify the account: n° **EU-100-**_____

Account periodic review n° **EU-100-**_____

SHIPPING COMPANY INFORMATION

(All fields are mandatory)

I, the undersigned, Legal Representative,

SURNAME: _____ **Forename:** _____

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

Position: _____ **Email:** _____

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

Of the shipping company:

Company Name: _____

Company Incorporation Number: _____

Company address (including State or Region and Country of incorporation): _____

IMO unique company identification number: _____

Country of registration¹: _____

Shipping company type:

Registered owner

ISM Company distinct from the registered owner

Name of the shipping company as recorded in Thetis MRV: _____

Year of first emission: _____

¹ As recorded under the IMO Unique Company and Registered Owner Identification Number Scheme.



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- Is your company listed at the stock exchange? Yes No
- Is your company a subsidiary of a company? Yes No

If yes: see p7 the required document clearly identifying the group's structure.

If applicable:

Name of parent company: _____

Name of subsidiary company: _____

Account holder ID of the parent company (given by the Union Registry): _____

Request the opening (or modification) of a “Maritime Operator Holding Account” and agree with the General and Special Terms and Conditions for opening and administering a “Maritime 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 “Maritime Operator Holding Account” deriving from the standard agreements sent to me by Caisse des Dépôts et consignations, as well as the present Special Terms and Conditions and I declare to accept them unreservedly.

Date: _____ / _____ / _____

Original handwritten signatures of the Legal Representative:

| NAME, FIRST NAME | SPECIMEN SIGNATURE 1 | SPECIMEN SIGNATURE 2 |
|--|----------------------|----------------------|
| _____ _____ Specimen original signatures (2 identical signatures) <i>The signature must match the signature on your Passport</i> | Sign 1 | Sign 2 |



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Tick the box corresponding to your situation:

Application to open a **Maritime Operator Holding Account**

To modify the account: n° **EU-100-**-----

Account periodic review n° **EU-100-**-----

ACCOUNT INFORMATION

Name of the account¹:-----

1) Approval for transfers to trusted accounts

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 are needed to perform a transaction).

Tick the box if you want to change the default behaviour for the account and allow the execution of transfers to trusted accounts at the initialization of the transfer (2 eyes principle: an AR can perform a transfer to a trusted account alone).

2) Transfers outside of trusted account list (TAL) permission

By default, transfers outside of TAL is not allowed.

Tick the box if you want to change the default behaviour for the account and grant the permission to transfer outside of TAL.

INVOICING PERSON CONTACT INFORMATION

(Underlined fields are mandatory)

Invoices are sent by email.

In the event of a change, please inform the registry immediately by email to: factures.registreGES@caissedesdepots.fr

SURNAME:----- Forename:-----

Date of birth: ____/____/____ Place of birth:-----

Email:-----

Professional address:-----

Mobile number:----- Phone number:-----

¹ Name of the shipping company holding the account.



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AUTHORIZED REPRESENTATIVE INFORMATION

(All fields are mandatory)

- Notice: - the regulations require at least two authorized representatives (AR) per account;
- You can print and fill this page, as many times as you have ARs for this account.

SURNAME: Forename:

Date of birth: Place of birth:

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

Mobile number: Telephone number:

Notice: one mobile number cannot be linked to 2 different Authorized Representatives.

Email address:

Notice: one email address cannot be linked to 2 different Authorized Representatives.

Role of the Authorized 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 nor approve an addition/removal of an account to/from the trusted account list.

Table with 3 columns: Specimen Signatures (Two identical signatures), Signature 1, Signature 2. Includes note: The signature must match with the signature on your ID card or Passport.



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AUTHORIZED REPRESENTATIVE INFORMATION

(All fields are mandatory)

Notice: - the regulations require at least two authorized representatives (AR) per account ;
- You can print and fill this page, as many times as you have ARs for this account.

SURNAME: _____ **Forename:** _____

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

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

Mobile number: _____ **Telephone number:** _____

Notice: one mobile number cannot be linked to 2 different Authorized Representatives.

Email address: _____

Notice: one email address cannot be linked to 2 different Authorized Representatives.

Role of the Authorized 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 nor approve an addition/removal of an account to/from the trusted account list.

| | | |
|---|-----------------------------------|-----------------------------------|
| <p align="center">Specimen Signatures (Two identical signatures)</p> <p align="center">The signature must match with the signature on your ID card or Passport</p> | <p align="center">Signature 1</p> | <p align="center">Signature 2</p> |
|---|-----------------------------------|-----------------------------------|



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LIST OF DOCUMENTS REQUIRED

Notice: all documents must be dated less than 3 months prior to the date of application, handwritten 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 <u>the company</u> | Check |
|---|--------------|
| <p>1. Proof of registration of the legal entity: France: KBIS extract Other countries: notarized, legalized, or certified true copy of KBIS or foreign equivalent document ("Certificate of registration" or "Certificate of incorporation").</p> | |
| <p>2. List of Directors of the legal entity: Document signed by the Legal Representative (original handwritten signature required)</p> | |
| <p>3. Confirmation of VAT registration: VAT registration number with country code for European countries or certificate of non-liability for VAT if applicable.</p> | |
| <p>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 must be signed by the Legal Representative (original handwritten signature required).</p> | |
| <p>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. The document must be dated and signed by the Legal Representative or a Director. The date shall not be more than 3 months prior to the date of application. The name, date of birth and nationality of the legal entity's beneficial owner, as defined in Article 3, point (6), of Directive (EU) 2015/849, must appear clearly including the type of ownership or control they are exercising.</p> | |
| <p>Depending on the type of shipping company (document 6 and/or 7 required):</p> | |
| <p>6. The ISM company (organisation or person that has assumed the responsibility for the operation of the ship from the shipowner) shall provide a document clearly indicating that it has been duly mandated by the shipowner to comply with the ETS obligations. The document shall be signed by both the shipowner and the organisation or person. The document shall include the following information: - the name and the IMO unique company number of the organisation or person mandated by the shipowner and its country of registration - the name and the IMO unique company number of the shipowner - information related to the contact person of the shipowner (first name, last name, job title, business address, business telephone number, business email address) - the date of application of the mandate from the shipowner to the organisation or person - the IMO ship identification number of each ship falling within the scope of the mandate. A copy of the document provided to the French administering authority (DGAMPA) is accepted.</p> | |
| <p>7. The shipowner shall provide a document listing the ships under its responsibility, as well as their respective IMO ship identification number. Notice: In case of changes to that list of ships, the shipowner shall inform the national administrator within 20 working days and provide the national administrator with an updated document, as well as with the name and IMO unique company and registered owner identification number of the new shipping company for each of the ships no longer under the shipowner's responsibility. A copy of the document provided to the French administering authority (DGAMPA) is accepted.</p> | |



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| Documents required for the <u>legal representative</u> or empowered representative by the company | Check |
|---|--------------|
| <p>1. Identity document currently valid France: copy of National Identity Card or passport, self-certified (certified copy on both sides, legible, and signed by the holder of the document) Other countries: copy of national identity card issued by a state that is a member of EEA or OECD¹, or passport notarized by the competent national authority</p> | |
| <p>2. 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.</p> | |

| Documents required for <u>authorized representatives (AR)</u> | Check | | | |
|--|--------------|------------|------------|------------|
| | AR1 | AR2 | AR3 | AR4 |
| <p>3. Identity document currently valid France: Copy of National Identity Card or passport, self-certified (Certified copy on both sides and legible - signed by the holder of the document) Other countries: copy of national identity card issued by a state that is a member of EEA or OECD, or passport notarized by the competent national authority</p> | | | | |
| <p>4. Evidence of personal domicile For France we accept simple copies. Other countries: notarized, legalized, valid document.</p> | | | | |
| <p>5. Original extract of criminal record from the country of residence</p> | | | | |

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

¹ European Economic Area or Organization for Economic Cooperation and Development.



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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.