



## TRANSFER REQUEST REGISTERED ADMINISTERED

*To be sent to :*  
BNP PARIBAS SECURITIES SERVICES  
Corporate Trust Services  
Mouvements  
Les Grands Moulins de Pantin  
9 rue du Débarcadère  
93761 PANTIN CEDEX  
FAX : 33 1 40 14 93 90

I the undersigned,

<b>Ms / Mrs / Mr</b> (strike out as appropriate)	<b>Name</b> (For legal entities: surname of the signing party)	<b>Given name</b> (For legal entities: first name of the signing party)
<b>Company name</b>		<b>SIRET</b> (For legal entities)
<b>Date and place of birth</b>	<input type="text"/> at <input type="text"/> (DD/MM/YYYY)	<b>Phone</b> (mandatory)
<b>Shareholder number</b> (Account number)	<input type="text"/>	<b>E-mail</b>
<b>Address</b>		
<b>Zip code</b>	<input type="text"/> <b>City</b>	<b>Country</b>

Give irrevocably instructs BNP Paribas Securities Services to transfer my shares in administered registered in the following conditions :

<b>Name of the plan <sup>1</sup></b>	<input type="text"/>	<b>ISIN Code</b>	<input type="text"/>
<b>Number of shares</b>	<input type="text"/> (in words)		
	<input type="text"/>		
	(in figures)		

<b>Name of the correspondent :</b>	<input type="text"/>
<b>Member number with Euroclear France :</b>	<input type="text"/>
<b>Beneficiary account number of your bank/broker with this correspondent in France :</b>	<input type="text"/>
<b>Name of the manager of the account :</b>	<input type="text"/>

### Forms to be provided:

- Must be attached : A Bank Account identity (RIB), Postal Account identity (RIP), Savings Account identity (RICE), of the securities account, open in an establishment domiciliated in France, to credit.
- For legal entities, powers of attorney for the signing parties or a Kbis extract dating from three months must be provided along with a copy of the front and back of a valid identity card (identity card or passport)

By signing the present document, I acknowledge that the liability of BNP Paribas Securities is limited to the delivery of the securities to the recipient establishment's correspondent in France.

Signed in

on

Signature :

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<sup>1</sup> Please indicate the Issuer Name.