Client Access Form

Please fill in this form and print and sign two originals of: - our General Conditions,
                                                                              - our Special Conditions,
                                                                              - and of this Client Access form,

and send to us along with:
                                 - your company's Company Registrar's extract (*Registre du commerce*) (or equivalent),
                                 - your list of authorized signatories.

At the following address: NotiFide SAS – 23, rue Balzac 75008 – Paris – FRANCE.

If you have questions please reach out to us on sales@notifide.com

Section 1 – Information about the Client-User

Full Name (as it appears on official registration documentation and as it will appear on www.NotiFide.com)	
Type of Corporation / business structure (e.g. Company, LLP, S.A., etc…)	
Head Office Address **Country**	
Registration Number at Companies' registrar (In France: Numéro d'immatriculation au registre du commerce)	

Section 2 – Administrator's details

The person mentioned below shall be considered as the Administrator as defined in the General Conditions for NotiFide: as such the Client-User authorizes this person to act as Administrator and gives him or her all authority vis-à-vis NotiFide to grant rights to Contributors and Consultants and to deliver the related Logins and pass words.

Last Name	First Name	Function / Job Title

Fax	Telephone	Email

Signatory of page 2 should sign or initial this page 1: …………………………

Société par actions simplifiée au capital de 20.000 Euro
Siège social : 23 rue Balzac - 75008 Paris
529 779 076 RCS Paris - n° NotiFide NOT-11111-0001
www.NotiFide.com

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Section 3 – Details of person to act as main contact during subscription process for your company

Last Name	First Name	Function / Job Title

Fax	Telephone	Email

Section 4 – Invoicing Address and contact for invoices

Address: ………………………………………………….
          ………………………………………………….
          ………………………………………………….

Contact:

Last Name	First Name	Function / Job Title

Fax	Telephone	Email

As authorized signatory(ies) I/we attest that the above information is accurate and I/we adhere to the General Conditions (version 2.2) and acknowledge that I/we am/are fully aware of the rights granted to the Administrator within the limits set under the General Conditions (version 2.2).

	Client-User Name (Legal entity)	**NotiFide**
Signatory(ies)'s name(s)		
Function(s)		
Signature(s)		
Date		