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| SF-06: Accredited Entity Application | | | | |
| *Complete all fields.* | | | | |
| Date | DD | | MM | YYYY |
| Application type *(please tick)* | New |  | | |
| Change of details |  | | |
| Role(s) requested *(please tick)* | Issuer |  | | |
| Platform Operator |  | | |

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| Applicant Details | | |
| *Complete all fields.* | | |
| Legal (company) name |  | |
| Main business activities *(e.g. food retailer)* |  | |
| Please state in which countries the applicant is active |  | |
| Website URL |  | |
| Legal status *(please tick)* | Registered incorporated body |  |
| Public sector entity |  |
| Other (*please state*) |  |

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| Main Address | |
| Complete all fields - please enter the REGISTERED ADDRESS if applicant is an incorporated body. | |
| Business address *(including postal or zip code)* |  |
| Country |  |

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| Business Details | |
| *Complete ONLY if applicant is NOT a private individual.* | |
| Year of registration *(if applicable)* |  |
| Approximate number of employees |  |
| Country of company registration |  |
| Corporate registration number *(if applicable)* |  |
| Name of the Chief Executive Officer/General Manager |  |
| Please list the main (>10%) shareholders and/or parent company  *(if applicable)* |  |
| Balance sheet total for last financial year (in USD) | US$ |

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| Personal Details or Responsible Director | |
| *Complete ONLY if applicant is a business formed within last 3 years (please complete with details of a registered Director).* | |
| Legal name |  |
| Passport number |  |
| Residential address *(including postal or zip code)* |  |
| Country |  |

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| Operational Contact Details | |
| *Complete all fields.* | |
| Organisation name |  |
| Contact person |  |
| Business address *(including postal or zip code)* |  |
| Country |  |
| e-mail |  |
| Telephone |  |

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| --- | --- |
| Lead Registry User | |
| *Complete all fields.* | |
| Organisation name |  |
| Contact person |  |
| Business address *(including postal or zip code)* |  |
| Country |  |
| e-mail |  |
| Telephone |  |

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| Accounts / Billing Contact Details | |
| *Complete all fields.* | |
| Contact person |  |
| Business address *(including postal or zip code)* |  |
| Country |  |
| e-mail |  |
| Telephone |  |
| VAT Number  *(and/or)*  Tax ID |  |

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| Quality Assurance |
| *Please provide details of all relevant quality assurance procedures and systems, listing any additional documents provided with this application to support this requirement.*  *This information may be provided later in the accreditation process if not available at the time of application, in which case please provide a statement on intended high level policies below.* |
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| Business Plan for Accredited Service |
| *Please provide a document detailing the business plan for the service being submitted for accreditation, including high-level objectives, management, marketing, and development plans.*  *This information may be provided later in the accreditation process if not available at the time of application, in which case please provide a statement on intended high level objectives below.* |
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| Technical Infrastructure |
| *Complete ONLY if applicant is for a Platform Operator.*  *Please provide a document detailing the technical infrastructure for the Platform and its integration with the Evident Registry.*  *This information may be provided later in the accreditation process if not available at the time of application, in which case please provide a statement on intended high level architecture and integration below.* |
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| Additional Information |
| *Please use this field to provide any further information you feel relevant to your application.* |
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| --- | --- | --- | --- |
| Confirmation Signature | | | |
| *Complete all fields.* | | | |
| By submitting this form I confirm acceptance of Evident’s Privacy Policy, as published on https://evident.global/privacy.  I acknowledge and agree that the information provided will be used by Evident for the purpose of providing services relating to I‑REC Electricity certificates and that Evident may share this information with other organisations as may be necessary for the provision of these services.  On behalf of the applicant, I warrant that the information contained in this application is truthful and exhaustive.  Any planned changes concerning the information given in this form will be announced in advance to Evident. Any unplanned changes will be reported to Evident at the first possible occasion. | | | |
| Signature |  | | |
| Name *(BLOCK CAPITALS)* |  | | |
| Date | DD | MM | YYYY |