

Registration form for new customers

Your company would like to open an account with Pronovo AG. As a member of the Association of Issuing Bodies ([AIB](#)), Pronovo AG is required to comply with the «Know Your Customer» regulations and requirements. In order to fully review your application, we therefore ask that you answer the following questions in addition to providing information about your company.

Please note that Pronovo AG may decide not to proceed with the approval process based on the answers provided in this form.

Information about the organization

Company name

according to the national business register

Organization number

in the national business register

Value added tax identification

number¹ trade name(s)

falls Sie unter einem anderen Namen als
dem Unternehmensnamen handeln

Postal adress of the company

Phone

Headquarters

Website

Type of organization

☒ Retailer ☐ Facility operator

Your business motivation for applying for the account

Why does your company want to participate in the market for certificates of origin for fuels and motor fuels?

¹ If you are exempt from value added tax, please have your national tax authority confirm this VAT exemption.

What is the expected duration and frequency of your activity in the BT system at Pronovo?

☒ occasional ☐ seasonal ☐ permanent

For facility operators (please fill out from here):

Name of facility _____

Date of commissioning _____

Street, number _____

Postal code, town/city _____

Country _____

Coordinates of the facility:
(website information) _____

Coordinates X: _____ Y: _____

Technology ^(Manual¹ p. 23) _____

Energy sources ^(Manual p. 24) _____

Certificate of origin
license type ^(Manual p. 26) _____

Certificate of origin recipient _____

Gas production capacity _____ kW

Greenhouse gas emissions _____ kg CO₂ eq/MWh

FOEN number ^(if available) _____

FOCBS number ^(if available) _____

¹ [Manual GO system](#)

For traders and facility operators (please fill out from here):

Please list the official (legal) names of five business partners with whom you trade certificates of origin:

1. Company name	
2. Company name	
3. Company name	
4. Company name	
5. Company name	

Is your company listed in other certificate registries?

☐ yes ☐ no

If yes: Which registries are you registered with, and since when?

Please indicate the account opening date for each registry.

Date	Registry
Date	Registry
Date	Registry
Date	Registry
Date	Registry
Date	Registry
Date	Registry
Date	Registry
Date	Registry

Additional mandatory business documents to be submitted

Please include a **copy of the extract from the national business register**. The complete extract must not be more than two years old.

We accept extracts in English, German, French and Italian. All other extracts must be translated into one of the languages listed.

- I acknowledge that Pronovo AG, as a member of the Association of Issuing Bodies (AIB), is obligated to comply with anti-money-laundering regulations and «Know your Customer» rules and requirements, and that this questionnaire will also be made available to all other AIB members.
- I have not omitted any important information that could affect Pronovo AG's review of this request.
- I agree to answer any further questions that Pronovo AG may ask in the future in order to fulfill its legal obligations. In addition, I agree to submit, upon request by Pronovo AG, all necessary documents required to fulfill these obligations.
- I acknowledge and declare my consent to the fact that Pronovo AG will share customer information with the financial authorities and the State Secretariat for Economic Affairs in order to ensure the proper maintenance of the database for certificates of origin / confidentiality, particularly to prevent fraudulent behavior.

☐ Our organization accepts Pronovo AG's [Standard Terms and Conditions](#)

Pronovo reserves the right, on a case-by-case basis, to request additional documents or supporting evidence, in addition to the information requested here, before granting access.

To be completed by an authorized representative of the company

Place and date

Name in block letters

Signature