**Membership 2017**



**Collèges 1, 2, 3 and 4**

# HOW TO JOIN ?

Membership is open to both companies, profession representatives and to anyone likely to contribute their expertise.

On reception of the membership form, the application is addressed to the FNTC membership committee and brought to the order of the day of the next session of the FNTC board of directors.

Information collected on this form :

* Company or Organization Identification
* Informations regarding the representative on the FNTC
* List of directors and/or persons appointed to represent the company in FNTC proceedings
* Client references or others (for applications to college n° 1 and 2)
* References certifications or labellings (candidatures for college 1)
* Proposals
* Required documents
* Declaration on one’s honour
* Mandate for representations

# DOWNLOAD THE DOCUMENTS ON OUR SITE <http://www.fntc-numerique.com>

# COMPANY

|  |  |
| --- | --- |
| **Company Name** |  |
| **Legal form and capital** |  |
| **Address** |  |
| **Zip code and city** |  |
| **Country** |  |
| **Phone number** |  |
| **Main activity** |  |
| **Web Site** |  |
| **E-mail** |  |
| **Annual TO** |  |
| **Global staff** |  |
| **UE Country : EU VAT number** |  |
| **Billing address (if different from above)** |  |

# INFORMATIONS REGARDING THE REPRESENTATIVE ON THE FNTC

|  |  |
| --- | --- |
| Name and first name (necessarily a member of the General Management |  |
| Postion |  |
| Direct phone number |  |
| E-mail |  |

# LIST OF DIRECTORS AND/OR PERSONS APPOINTED TO REPRESENT THE COMPANY IN FNTC PROCEEDINGS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and first name | |  | | |
| Postion | |  | | |
| E-mail | |  | | |
| **Direct phone** |  | | **Mobile phone** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and first name | |  | | |
| Postion | |  | | |
| E-mail | |  | | |
| **Direct phone** |  | | **Mobile phone** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and First name | |  | | |
| Postion | |  | | |
| E-mail | |  | | |
| **Direct phone** |  | | **Mobile phone** |  |

# CLIENT REFERENCES OR OTHERS (for applications to college N° 1 and 2)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company Name** | **Address** | **Person to be contacted** |
| 1 |  |  |  |
|  |
| 2 |  |  |  |
|  |
| 3 |  |  |  |
|  |

# [REFERENCES CERTIFICATIONS OR LABELLINGS(candidatures for collège 1)](http://www.fntc.org/component/option,com_remository/Itemid,19/func,startdown/id,336/),

# PROPOSALS

Candidates can be put forward by active members of the Federation.

In this case, a letter of motivation should be enclosed in the present dossier.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Company Name** | **Address** | **Person to be contacted** |
| 1 |  |  |  |
|  |
| 2 |  |  |  |
|  |
| 3 |  |  |  |
|  |

**Table of Annual Subscriptions**

**College N°1 (Trusted operators and providers of services)**

**College N°2 (Trusted publishers and integrators of solutions )**

|  |  |  |
| --- | --- | --- |
| **Company Turnover Excluding Tax .** | **Subscription Full Year (€ Excluding Tax)** | **Joining Fee**  **(€ Excluding tax )** |
| Up to 1,5 M € | 2 100 | 1 050 |
| From 1,5 to 5 M € | 3 150 | 1 575 |
| From 5,0 to 15 M € | 4 200 | 2 100 |
| More than 15 M € | 6 000 | 3 000 |

**Collège N°3 (Experts and users representatives)**

Per member (entity or individual) :

|  |  |  |
| --- | --- | --- |
| **Number of people and/or total turnover excluding tax** | **Subscription Full Year (€ Excluding Tax)** | **Joining Fee**  **(€ Excluding Tax)** |
| Associations, trade unions and companies with less than two employees and/or associates | 630 | 315 |
| Companies with 2 to 9 employees | 1 050 | 525 |
| Companies with more than 9 employees Turnover < 1,5 M € | 2 100 | 1 050 |
| Companies with more than 9 employees Turnover > 1,5 M € and < 5 M € | 3 150 | 1 575 |
| Companies with more than 9 employees Turnover > 5 M € and < 15 M € | 4 200 | 2 100 |
| Companies with more than 9 employees Turnover > 15 M € | 6 000 | 3 000 |

**College N°4 (Institutional and regulated professions)**

⦁ Institutional : Amount : 6 000 € HT ; Joining Fee 3 000 € H.T.

⦁ Regulated Professions : 1 050 € HT ; Joining Fee 525 € H.T.

**TYPE OF SERVICES**

Secure electronic archival

Electronic notarization

Electronic certification or other PKI ( Public Key Infrastructure )components

Encoding and cryptography

Time and date stamping

Others ( to be specified )

**Brief description of services :**

|  |
| --- |
|  |

# REQUIRED DOCUMENTS

Kbis certificate or equivalent official trade registration certificate issued in the past 3 months.

Mandates for representation during F .N.T.C proceedings.(on company headed paper)

The last two statement of accounts and deposit receipts from the Commercial Courts Clerk

Insurance certificate Professional civil liability

Declaration on one’s honour (see enclosed text to be copied on headed paper)

If unable to provide a required document , please give an explanation below :

**Declaration on one’s honour**

*(To be copied on headed paper)*

I the undersigned (Name, Firstname) acting as *(postion)* for the company *( Company name*) request membership of my company in College n° *(1/2/3/4)* of the Federation of French Trusted Third Parties.

I therefore declare

* I commit myself to respecting the Federation of French Trusted Parties Charter, Statutes and rules voted by the General Assembly and published,
* I commit myself to paying an annual membership fee, set by the Board of Directors ,
* I commit myself to respecting the rules of direct or indirect fair trading, especially those defined by french and european legislation.
* Not to be in suspension of payments, in receivership or compulsory liquidation.

*(for subsidiaries or internal branches)*

* I make 75% turnover independently from the parent company and its subsidiaries and have a portfolio of client budgets on a permanent basis.

For agreement,

Date :\_\_\_\_\_\_\_\_

Signature and company stamp

Enclosed documents: a completed and signed membership form

**MANDATE FOR REPRESENTATION**

*(To be copied on headed paper)*

I the undersigned (Name, Firstname) acting as *(Postion)* for the company *( Company Name )* attest to having received a mandate for membership of my organization in College n° (1/*2/3/4)* of the Federation of Trusted Third Parties after deliberation of the Board of Directors dated… .

Date :\_\_\_\_\_\_\_\_

Signature and Organization stamp