JOINT ACCOUNT FORM

To be returned in **the enclosed postage-paid envelope** or to the address given at the bottom of the page, with the documents requested.

FOR MARRIED COUPLES OR THOSE IN A CIVIL PARTNERSHIP (PACS) ONLY

We, the undersigned

Shareholder ID /_ _/_ _/_ _/_ _/_ _/_ _/_ _/_ _/
(allocated to the new accounts by the Shareholder Services)

Mr/Ms Surname _____ First name _____

and

Mr/Ms Surname _____ First name _____

Request that a joint account be opened.

We have been duly informed that this joint account with joint and several liability will operate when signed by one of the above-mentioned joint account holders, acting separately, in order to carry out, in respect of the Air Liquide company, the registered office of which is at 75 Quai d'Orsay 75321 Paris cedex 07 France, all conversions into bearer shares, all withdrawals or transfer orders concerning the shares of said Company registered in one or both of our names, to receive all dividends or other rights attached to the shares in connection with the Company's capital increase transactions (free shares, subscription in cash etc.), to place all stock market orders, and finally, to sign all slips and orders, whether for receipt or discharge, and generally to do what is required in relation to all current transactions falling within the scope of Air Liquide shares, which may require our signature.

Consequently, the **transactions thus carried out by Air Liquide upon either of our signatures do not commit the liability** of Air Liquide in respect of us, or in respect of any of its heirs or representatives acting subsequently to the death of either of us.

Each holder states that they are familiar with the terms and conditions governing the operation of the account opened in the books of Air Liquide, and accepts these without reserve.

Signed in _____, on _____

Signature of the account holder 1

Signature of the account holder 2

Documents to be enclosed for each holder of the joint account:

- **a photocopy of both sides of an identity document that is currently valid,**
- **a photocopy of proof of residency that is less than 3 months old (electricity bill or fixed telephone bill).**

THE SHAREHOLDER SERVICES ADVISORS ARE AT YOUR DISPOSAL
from Monday to Friday, between 9 am and 6 pm.

0 800 166 179 Service & appel gratuits
from France
or + 33 (0)1 57 05 02 26
from outside France

Write us
directly from the website
http://contact.shareholders.airliquide.com
or from the Shareholder section on
www.airliquide.com

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