



SEPA DIRECT DEBIT MANDATE

(eurozone only)

ID _____ PA-OB

By signing this mandate, you authorize L'AIR LIQUIDE S.A. to send instructions to your bank to debit your account, and for your bank to debit your account in accordance with the instructions from L'AIR LIQUIDE S.A.

You are entitled to reimbursement by your bank in line with the conditions set out in the agreement that you entered into with it. A reimbursement claim must be submitted within eight weeks of the date of debiting from your account for a given authorized direct debit.

Please return this completed, signed and dated mandate, along with your RIB (bank details) and your account opening file

Your Last name/First name LAST NAME _____

..... FIRST NAME _____

Your address NUMBER AND STREET _____

..... BUILDING _____

..... CONTINUED _____

..... ZIP CODE _____

..... TOWN/CITY _____

..... COUNTRY _____

IBAN							
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BIC/SWIFT	
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Creditor name L'AIR LIQUIDE S.A.
ICS (SEPA Creditor ID)... FR 89 ZZZ 103071
Creditor address Air Liquide –Service actionnaires
..... 75 quai d'Orsay
..... 75321 Paris CEDEX 07 France

Type of payment Recurring Payment

On: _____

Signature:

Note: Your rights in respect of this mandate are set out in a document that is obtainable from your bank. Information relating to the agreement between the creditor and debtor –provided for information only

Debtor ID code

Purchase of Air Liquide shares

The information contained in this mandate, which must be completed, is intended for the sole use of the creditor in managing its customer relations. It may give rise to the exercise, by the latter party, of its right to oppose, access and rectify the information, as scheduled in Articles 38 et seq. of Law No. 78-17 of January 6, 1978 relating to data processing, files and freedoms.



Shareholder Services
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<https://www.airliquide.com/shareholders/contact-us>
+ 33 1 57 05 02 26 or 0 800 166 179
outside France from France only (toll free number)

