Certificate of Mandate
France Télévisions Publicité Group\*

# To be completed by the Advertiser on its company letterhead.

**An original copy must be sent to France Télévisions Publicité at the following address before any programming request is made: France Télévisions Publicité (ADV) – 64-70 avenue Jean-Baptiste Clément – 92641 Boulogne-Billancourt CEDEX or mandat@francetvpub.fr**

**WE THE UNDERSIGNED,**

Company name:

Registered office:

Please provide the billing address if it is different to the registered office address above:

E-mail address for sending invoices\* (replaces the sending invoices by post):

*\*In compliance with the legal obligation to dematerialise 2024-2026*

………………………………………………………………………………………………………………………………………………………………………….
For a group of Advertisers, please proved the billing address of each affiliate (see page 3).

SIRET (14 figures):

VAT no.:

Or national identification no.:

Represented by Mr/Ms (surname, first name):

Acting in the capacity of:

Duly authorized for the purposes hereof, hereinafter referred to as **“the Advertiser”**

# CERTIFY THAT WE HAVE AUTHORIZED

Company name:

Registered office:

SIRET (14 figures):

VAT no.:

Or national identification no.:

Represented by Mr/Ms (surname, first name):

Acting in the capacity of:

Hereinafter referred to the as **“the Agent”.**

# AUTHORIZE THE AGENT'S SUBSTITUTE

# Company name:

Registered office:

SIRET (14 figures):

VAT no.:

Or national identification no.:

Represented by Mr/Ms (surname, first name):

Acting in the capacity of:

Hereinafter referred to the as **“the Sub-Agent”.**

 To act on our behalf with: [ ]  France Télévisions Publicité Group\*

[ ]  Others (specify):

# In the following areas:

**Marketing method**

[ ]  All

[ ]  Advertising

[ ]  Sponsorship

[ ]  Sponsorship-funding

**Media**

[ ]  All

[ ]  Television

[ ]  Radio

[ ]  Digital

[ ]  Segmented TV

[ ]  Programmatic TV

[ ]  Other (specify)

**Area**

[ ]  All

[ ]  National

[ ]  Regional

[ ]  Thematic

[ ]  Overseas

[ ]  International

|  |  |  |
| --- | --- | --- |
| **PARTIAL MANDATE: SELECT ONLY THE TASKS FOR WHICH YOU HAVE GIVEN A MANDATE** | **AGENT** | **SUB-AGENT** |
| **Purchasing advertising space, booking advertising space, signing purchase orders****(including by EDI Publicité), managing and tracking purchase orders** |  |  |
| **Managing and overseeing billing, making sure that invoices are paid on time** |  |  |

# For:

The year 2024 [ ]  or the period from / / 2024 to / /2024

# For the following media / program(s):

#

#

#

#

**For the following product(s) / service(s):** [ ] all of our products

**We guarantee** the consistency of tasks assigned to the Agent and the Sub-Agent.

**We will notify** the advertising network(s) of any changes made to the mandate agreement over the course of the year, by registered letter with recorded delivery.

Payment of invoices by: [ ]  the Advertiser

[ ]  the Agent

[ ]  the Sub-Agent

# The payment made to the Agent or the Sub-Agent shall not relieve the Advertiser of its obligations towards the advertising network(s).

**We hereby declare** that we have read and accept the **General Terms and Conditions of Sale**, the Commercial Terms and/or the Pricing Conditions of the advertising networks in the France Télévisions Publicité Group\*, applicable as of 2024 (accessible via [www.francetvpub.fr](http://www.francetvpub.fr)).

Established at: On: / / 20

# Advertiser

Signature and stamp

The signature must be preceded by the handwritten words

“read and approved”.

# Agent

Signature and stamp

The signature must be preceded by the handwritten words

“read and approved”.

# Sub-Agent

Signature and stamp

The signature must be preceded by the handwritten words

“read and approved”.

\* The “France Télévisions Publicité Group” comprises the following companies: France Télévisions Publicité and France Télévisions Publicité Inter Océans.

If you are a group of Advertisers, please provide the billing address for each affiliate.

# ADDITIONAL INVOICING INFORMATION

|  |  |  |
| --- | --- | --- |
| **NAME OF THE ADVERTISER** | **NAME OF THE PRODUCTS** | **BILLING ADDRESS** |
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