

**AUTORISATION DE MANDAT**

**GAZ 2021**

|  |  |  |  |  |  |  |  |
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| **AUTORISATION DE COMMUNICATION À UN TIERS**  **DES DONNÉES D’UN OU PLUSIEURS SITES DE CONSOMMATION RACCORDÉS AU RÉSEAU PUBLIC DE DISTRIBUTION** | | | | | | | |
|  | | | | | | | |
| 1. **CLIENT (professionnel ou autre)** - Ne remplir que le cadre A ou B | | | | | | | |
| Entreprise 🞎 Collectivité locale (commune, département, …) 🞎 EPCI (syndicat de gestion…) 🞎 Association, copropriété… 🞎  Dénomination sociale : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Forme juridique (SA, SARL, …) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Nom commercial : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| N° d’identification (SIRET) : |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_| | | | | | Activité (code NAF) : |\_|\_|\_|\_| |\_| | | |
| Adresse : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Code postal : |\_|\_|\_|\_|\_| Commune : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| **Représenté par (signataire du présent document) :** | | | | | | | |
| M. 🞎 Mme 🞎 | Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Nom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Prénom : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Adresse professionnelle : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| N° téléphone : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | E-mail : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | |
| **Le signataire du présent formulaire déclare être dûment habilité à agir pour le compte du client.** | | | | | | | |
| 1. **TIERS (professionnel ou autre)** | | | | | | | |
| Entreprise 🞎 Collectivité locale (commune, département, …) 🞎 EPCI (syndicat de gestion…) 🗹 Association, copropriété… 🞎  Dénomination sociale : SYNDICAT D’ENERGIE DE L’OISE (SE60) \_ \_ \_ \_ \_ \_ \_ Forme juridique (SA, SARL, …) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Nom commercial : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| N° d’identification (SIRET) : |2|0|0|0|9|3|0|9|4|0|0|0|1|5| | | | | | | Activité (code NAF) : |\_|\_|\_|\_| |\_| | |
| Adresse : 9164 Avenue des Censives \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Code postal : |6|0|0|0|0| Commune : TILLE\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| **Représenté par :** | | | | | | | |
| M. 🞎 Mme 🗹 | | | | | | | |
| Nom : COLIN\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Prénom : Sandrine \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| Adresse professionnelle : 9164 Avenue des Censives – 60000 TILLE \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | |
| N° téléphone : 03-44-48-48-54 \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | E-mail : gaz@se60.fr\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | |
|  | | | | | | | |
| Par la signature de ce document, **le Client autorise expressément le Tiers à collecter et à recevoir communication auprès de GrDF, des données de consommation de ses sites pour une période d’un an.**  Le Client accepte expressément que ses données personnelles soient conservées par le Tiers et/ou GrDF à des fins de gestion et de traçabilité. Conformément à la loi Informatique et Libertés du 6 janvier 1978, le Client dispose d’un droit d’accès, de rectification, de suppression et d’opposition pour motifs légitimes sur l’ensemble des données le concernant qu’il peut exercer sur simple demande auprès du Tiers et/ou GRDF. | | | | | | | |
| **Date** | | |  | **Signature du Client + cachet précédés de la mention manuscrite « Bon pour mandat de récupération de données »** | | | |
| Fait à : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |
| Le : \_\_\_\_ / \_\_\_\_ /\_\_\_\_\_\_\_\_\_ | | |