

**INSURANCE CERTIFICATE
« WORKMEN'S COMPENSATION »**



We undersigned,
(name and address of the insurance company)

certify hereby that the enterprise
(name)

.....
(address)

arranged through us a WORKMEN'S COMPENSATION INSURANCE policy N°

Expiry date:

The purpose of this contract is to guarantee, in accordance with the legal regulations in force, the accidents at work or on the way to work which may occur to the enterprise's agents.

This policy expressly provides for a waiver of recourse in case of any claim against FLUXYS*, its representatives and agents.

Made out on at

Name and signature of the Insurance company.

* All entities of the Fluxys group, including Fluxys Belgium nv, Fluxys nv, Fluxys LNG nv and Fluxys Europe nv