

**HOME MEMBER STATE DISCLOSURE FORM**

1.\* Issuer Name: **SAGESS**

1.bis. Formerly known as: \_\_\_\_\_

2.\* Registered office: **France**

3. LEI<sup>ii</sup>: **96950015LNMQ336X4W81**

3.bis National company register number<sup>iii</sup>: \_\_\_\_\_

4.\* Home Member State<sup>iv</sup>: **France**

5.\* Triggering event<sup>v</sup>:

- Issuer of shares admitted to trading article 2(1)(i)(i)
- Issuer of debt securities denominated less than EUR 1,000 admitted to trading article 2(1)(i)(i)
- Issuer of other securities<sup>vi</sup> article 2(1)(i)(ii)
- Change of home Member State article 2(1)(i)(iii)

6.\* Member State(s) where the issuer's securities are admitted to trading<sup>vii</sup>:

	Shares	Debt securities < 1000€	Other securities
Austria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belgium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgaria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Croatia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyprus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Czech Republic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denmark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
France	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Germany	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greece	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iceland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ireland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Italy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latvia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liechtenstein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lithuania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Luxembourg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Malta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Netherlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovakia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slovenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. bis. Former home Member State (if applicable)<sup>viii</sup>:  
(please select)

7. NCAs the form is required to be filed with:  
AMF

8\*. Date of notification: 18-déc.-2015

9. Start date of 3 year period<sup>ix</sup>: 18-déc.-2015

10. Additional information<sup>x</sup> :

11.\* Contact details:  
Issuer's address:

20 rue Jacques Daguerre  
92565 Rueil-Malmaison cedex

Person responsible within the issuer for  
the present notification:

Edouard Filho

E-Mail address:  
Telephone:

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+33 1 47 10 06 85

(\*Mandatory information)

Reset form