

CERTIFICATE OF ORIGIN RULES

FORMAL UNDERTAKING

To be given by an applicant when first applying for Certificates or Origin or certification of international trade documents and to be renewed annually.

In consideration of the Ostsvenska Handelskammaren from time to time granting or certifying Certificate of Origin or other documents I/we hereby agree to accept and be bound by the Standard Rules for the issue of Certificates of Origin, etc in force at the time of certification, of which I/we confirm having received a copy.

Further that I/we will at all times keep the issuing body and its officials indemnified against any claims or demands whatsoever which may at any time be made against them, or any of them by reason of any fault, defect, omission or inaccuracy in the content of the Certificates or other documents, or in the manner of their issue, this indemnity being subject to all statutory provisions to the contrary, except in case such claim or demand is a result of a fault, defect, omission or inaccuracy by the issuing body or its officials.

In the event of requests which stem from a legitimate enquiry from someone in possession of statutory authority e.g. Police, Customs or officials acting with authority of a Court Order, I/we hereby permit the Issuing Body to allow direct access, under the power of statutory authority, to such commercial information as may be required as part of the enquiry.

Date:	DATED THIS	DAY OF .	YEAR					
Authorised Signature:	SIGNATURE PROPRIETOR, PAR (Delete as appropriate)		OR OR COMPANY SECRE	TARY				
	Print name							
Type of Company:	Exporter	Forwarder/SI	nipping Agent					
Membership Status:	Non-Member	Member	Membership Number:					
Company Name:	(Print or type full name of Comp							
Address line 1:	(Print or type full address of Company or Firm including Postal Code and Country)							
Address line 2:								
City / Town:								
Country & Post Code								
Main co. tel: (Telephone number of Company)								
	Note: Please give	specimen signature	es of authorised signatories over	rleaf				
	•		register@esscert.com					
Please send	both pages combined	into one PDF do	cument - other formats will no	ot be accepted				
Mail original of Ostsvo pages 1 and 2 to: Attn: E dokun								

Page two – *must be completed*

East Sweden Chamber of Commerce

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I/We give below the name, specimen signature and designation of each person authorised to sign certificates on my/our behalf and will keep the Chamber informed of any changes of any personnel which may arise.

Primary Contact Authorised Official: This signature will be used on all online applications. The Primary Contact may set up (& deactivate) other users on the online certification system.

Title:	Ν	٨r	Ms	Mrs	Mis	s				
First & Last Name of Primary Contact:	(Print / type full name of primary contact. Must be completed even if Primary Contact is same as Authorising Official from page one)									
Job Title:	Job Title									
Direct Tel & Fax of Primary Contact:	Tel:				F	ах:				
eMail Address of Primary Contact:	eMail Ac	ldress:								
Primary contact must sign their name fully within the box to right. If Primary Contact person is same as Authorising Official from page one, that person signs on page one and also signs here. → Please use black ink and sign completely within the box. Other Authorised Officials:										
If no other				lease ei	nter "N/A"	on the fir	st line.			
NAME OF	AUTHO	RISED S	IGNAT	<u>ORY</u>	JOB	TITLE	SPECIMEN SIGNATURE			
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