

FORMAL UNDERTAKING

Certificates of Origin Online www.esscert.com

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 Chamber of Commerce Mälardalen 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.

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.

RENEW	EGISTRATION IAL REGISTRATION INY NAME CHANGE - PREVIOUS COMPANY NAME:						
Date:	DATED THIS DAY OF YEAR						
Authorised Signature:	SIGNATURE X PROPRIETOR, PARTNER, DIRECTOR OR COMPANY SECRETARY (Delete as appropriate)						
	Print name						
	Name, address, telephone number & business of company or firm: Type of Company:						
Type of Company:	Exporter Forwarder/Shipping Agent						
Company Name:	(Print or type full name of Company or Firm)						
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 signatures of authorised signatories overleaf

Email completed form to: register@esscert.com Please send both pages combined into one PDF document - other formats will not be accepted

Alternatively form can be posted to:

Handelskammaren Mälardalen Mail original of

Attn: Anneke Olsson pages 1 and 2 to:

Box 8044. 700 08 Örebro.



Page two - must be completed

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.

				re will be used on al ers on the online ce		S.
Title:	Mr	Ms Mr	rs Miss	<u> </u>		
First & Last Name of Primary Contact:	(Print / type full name of pr		npleted even if Primary Cont	act is same as Authorising Officia	I from page one)	
Job Title:						
Direct Tel of Primary Contact:						
E-mail address of Primary Contact:						
same as Aı		I from page one	e, that person sig	pox below. If Primagns on page one ar		

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