



FORMAL UNDERTAKING

In consideration of the Greater Manchester Chamber of Commerce 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, eg Police, HM Revenue & 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. In all other circumstances any information provided by any of the parties involved with the documents being stamped will be kept confidential to the parties concerned. Please refer to the Chambers GDPR policy for further information.

Signature
(Print name)* (Proprietor, Partner, Director or Company Secretary) *(delete as appropriate)

DayMonth Year

Name, address and telephone number of Company or Business:

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Please find listed overleaf the names and specimen signatures of all persons authorised by the company mentioned above to sign Certificate of Origin applications and such other documentation that may, from time to time, be presented for certification by the Greater Manchester Chamber of Commerce

Main Registered Office: Elliot House, 151 Deansgate, Manchester, M3 3WD
Airport Office: Room 7, Building 308, World Freight Terminal, Manchester Airport M90 5PZ



SPECIMEN SIGNATURES

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

Signature (Print name)* (Proprietor, Partner, Director or Company Secretary) *(delete as appropriate)

DayMonth Year

Name, address and telephone number of Company or Business:

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The Specimen signatures below MUST be made firmly with Black ink and should not go beyond the lines.

Table with 3 columns: Name, Position, Specimen Signature. 5 empty rows for entries.

Please use another sheet if more signatures need to be added