

Lancaster District Chamber of Commerce, Trade and Industry

Formal Undertaking

In consideration of Lancaster District 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 e.g. police, HM Customs & Excise 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.

Print Name.....

SignatureDay MonthYear

(Proprietor, Partner, Director or Company Secretary. Delete as appropriate)

Name, address and telephone of Company or Firm

Name

Address.....

.....

.....

Telephone

**(Specimen signatures for all authorised personnel must be given
overleaf. This may be continued on additional sheets if required.)**

Lancaster District Chamber of Commerce, Commerce House, Fenton Street,
Lancaster, LA1 1AB

Telephone: 01524 381331 Fax: 01524 389505

www.lancaster-chamber.org.uk

(Ref.Ndrive.Certification)
June 2008

I/We give below the name, specimen signature and description 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.

* **Print name**.....
Signed
Company
Address
.....
.....
.....

*Must be signed by a principal of the company

Date/...../.....

THE SPECIMEN SIGNATURE BELOW MUST BE MADE FIRMLY WITH BLACK INK AND SHOULD NOT GO BEYOND THE LINES.

NAME	DESIGNATION	SPECIMEN SIGNATURE
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Continuation sheet

Company Name

Date/...../.....

NAME

DESIGNATION

SPECIMEN SIGNATURE

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