

(TEMPLATE – MANUFACTURER'S DECLARATION)
Typed original to be submitted on the manufacturer's letterhead.

If not previously submitted, this declaration must be accompanied by a copy of your organization's business registration with the federal or provincial government, with confirmation of current business operations, such as annual business license renewal, or equivalent.

This document will be valid for 2 years.

NOTE: This Certificate will only cover goods manufactured by your organization.

(Date of issuance)

Canadian Chamber of Commerce
Attention: Document Certification Services
1700-275 Slater Street
Ottawa, Ontario K1P 5H9

Re: Confirmation of Manufacture

The undersigned as a representative of (Name of Organization) declares that the product(s) listed below are manufactured by us in (Name of Country) and comply with the origin criteria for the issue of a Certificate of Origin (CO):

(Provide a general description of the goods that you manufacture. If goods are manufactured by your organization outside of Canada, adequate proof to that effect must be provided with this Declaration.)

Our factory is located at:

(Manufacturer's address)

I attach a copy of our business registration with (provincial or federal) government.

I am aware that this Manufacturer's Declaration is issued for the purpose of obtaining a Certificate of Origin for our products. I am also aware of the penalties for making a false declaration and do confirm that the information given above is true and correct.

This Manufacturer's Declaration is accepted under the below terms of conditions, which apply to each Application made, and you agree to these terms and conditions:

- I confirm that I have the authority to bind this organization and am authorized to sign on behalf of the above-mentioned organization; and
- I agree, as the authorized signatory, that (insert name of organization) will take full responsibility for any errors, omissions or inaccuracies in such declarations presented to the Chamber for the purpose of obtaining document certification services;

.....
Signature (I have authority to bind the organization)

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Print Name and Title

On the _____ day of _____, 20__