Letter of Waiver Form

OAKVILLE CHAMBER OF COMMERCE

Date: _____

To: The Canadian Chamber of Commerce

☐ Exporter ☐ Freight Forwarder
(Please tick appropriate box)

Please type

Name of Organization/Freight Forwarder/Broker, etc.:

Organization: _____

Address: _____

Address: _____

City / Province / Postal Code: _____

To Whom It May Concern:

In consideration of the Canadian Chamber of Commerce ("Chamber") from time to time granting Certificates of Origin and other export-related documents such as VISA request letters, or otherwise certifying documents upon request by the above named Organization (henceforth referred to as the "Organization"), the Organization hereby accepts FULL responsibility for the veracity, accuracy and completeness of such documents as are submitted by the Organization (and/or its representatives), or by the Organization on behalf of any of its clients.

The Organization also affirms that the documents submitted for certification will not pertain to the export of controlled goods; if affirmative, that it (or its clients) will obtain the necessary authorizations prior to submission to the Chamber.

Further, the Organization waives and agrees to release and hold harmless the Chamber and its officials in respect of all claims or expenses that the Organization or foreign authorities may have against the Chamber or its officials, now or in the future, in connection with such certification, and to indemnify the Chamber and its officials in respect of any costs or liability to the Chamber or its officials arising from such certification.

The Organization acknowledges that the Chamber will keep copies of documents certified with the background documentation provided. If the Chamber is presented with a demand for production of documents which is authorized by law, the Organization authorizes the Chamber to produce documents received from the Organization in accordance with the demand. The Organization also agrees to make readily available to the Chamber any other background documents (to be kept by the Organization for up to three years after the certification), for review by relevant authorities if requested.

Primary Contact : This is the exporter's primary contact for certification matters. For users of Tradecert, the online Certificate of Origin system, this will be the primary system user who has authority to set up other users within the Organization.

Please type

☐ Mr ☐ Ms ☐ ……..…

……
(Print / type full name of Primary Contact)

Job Title: ……..……

Email: ……..……

Tel: …… Fax: ……

Applications for certification (i.e. Certificates of Origin and other documents being presented for certification) are accepted under the below terms of conditions, which apply to each Application made, and you agree to these terms and conditions:

- In regards to Certificates of Origin, the goods mentioned in each Application originate in the country(ies) specified therein and comply with the rules of origin applicable in the country(ies) to those goods.
- The information in the Application and in all documents provided to the Canadian Chamber of Commerce ("Chamber") is accurate, true and complete.
- The Applicant undertakes to advise the Chamber and any other person(s) to whom the applicant provides documents for certification promptly in writing of any inaccuracy, omission or change in such information.
- The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of each document certified by the Chamber and any accompanying documents.
- In consideration for the Chamber's issuance of Certificates of Origin and Certification for any other documents being presented to the Chamber, the Applicant agrees to release, discharge and hold harmless the Chamber from any liability in connection with the issuance of such Certifications and to indemnify the Chamber in respect of any costs and/or claims made against the Chamber in connection thereof.
-The Authorized Official is authorized to give the undertakings set out herein and above.

Signature of **Authorized Official** (seal if available):

X _____
Signature

_____
Print Name of Authorized Official

_____
Print Title of Authorized Official

Rfgq jcrrcp k sqr `c _aam k n_ l gcb `w npmmd md `sqg l cqq pcegqrp_rgm l, Gd mjbcp r f_ l 0 wears, please also provide proof of ongoing operation, such as a valid business license or confirmation of status.

NO MODIFICATIONS ARE ALLOWED. The letter will remain valid for two-years. ***Should your Organizations name/address change, a new letter of waiver must be filed with the Chamber.***

Forward all documents to: importexportservices@chamber.ca

Questions?
1-800-661-2930
or visit our website at www.chamber.ca

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