Letter of Waiver Form

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Date:			

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	CHAMBER O
	COMMERCE

То: ть	e Cana	dian Chamber of Commerce Exporter Freight Forwarder
		Name of Organization/Freight Forwarder/Broker, etc.: (Please tick appropriate box)
		Organization:
	Please type	Address:
	Ple	Address:
		City / Prov / Post Code:
To Whom	It May C	oncern:
document to as the	ts such a 'Organiz	f the Canadian Chamber of Commerce ("Chamber") from time to time granting Certificates of Origin and other export-related is VISA request letters, or otherwise certifying documents upon request by the above named Organization (henceforth referred ation"), the Organization hereby accepts FULL responsibility for the veracity, accuracy and completeness of such documents as the Organization (and/or its representatives), or by the Organization on behalf of any of its clients.
The Orgar (or its clie	nization a nts) will o	also affirms that the documents submitted for certification will not pertain to the export of controlled goods; if affirmative, that it obtain the necessary authorizations prior to submission to the Chamber.
Organizat	ion or fo	nization waives and agrees to release and hold harmless the Chamber and its officials in respect of all claims or expenses that the reign authorities may have against the Chamber or its officials, now or in the future, in connection with such certification, and to imber and its officials in respect of any costs or liability to the Chamber or its officials arising from such certification.
Chamber produce of	is prese documer ber any (acknowledges that the Chamber will keep copies of documents certified with the background documentation provided. If the need with a demand for production of documents which is authorized by law, the Organization authorizes the Chamber to its received from the Organization in accordance with the demand. The Organization also agrees to make readily available to other background documents (to be kept by the Organization for up to three years after the certification), for review by relevant ested.
Prim Certi	ary Cont	Authorized Official: This is the exporter's primary contact for certification matters. For users of Tradecert, the online Origin system, this will be the primary system user who has authority to set up other users within the Organization. Mr Ms Ms
	/pe	(Print / type full name of Primary Contact. Complete even if Primary Contact is same as Authorizing Official)
	Please type	Job Title:
		eMail Address:
		Tel: Fax:
name ap	pears as	of, 20 the Authorized Official has: Signature of Authorized Official (seal if available): the basis of satisfactory evidence, to be the person whose signatory on this document; hat he/she executed the same in his/her authorized capacity;
 sworn b or inacco by the C 	uracies ir	e that full responsibility will be accepted for any errors, omissions and/or documents presented for certification
Notary Pu	blic / Co	Print Name of Authorized Official mmissioner of Oaths - Signature and Seal
Notary Pu	blic / Co	Print Title of Authorized Official mmissioner of Oaths – Contact Information
To be sub-	mitted to	the Canadian Chamber of Commerce in typed format once it

no be submitted to the Canadian Chamber of Commerce, in typed format, once it has been duly signed by an authorized representative, and <u>signed/sealed</u> by a Notary or Commissioner of Oaths. It must be accompanied by current proof of business registration.

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.

Questions? 1-800-661-2930

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