غرفة التجارة العربية الايرلندية
Arab-Irish Chamber of Commerce

## CERTIFICATE OF ORIGIN RULES

# INDEMNITY

To be given by an applicant when first applying for an Arab-Irish Certificate of Origin or certification of international trade documents and to be renewed annually.

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

I/We hereby engage that all particulars, contained in any invoices and/or documents, presented to the Chamber by me/us in my /our name for authentication, shall be true and accurately set forth. Further that I/we will at all times indemnify and keep indemnified the chamber and its officers against all claims and demands, which may at any time be made against any of them by - reason of the issuing or authenticating of any such certificate or other documents as aforesaid.

*Date:* DATED THIS ……..… DAY OF ……..…….. YEAR ……..…

*Authorised Signature:* SIGNATURE ……..
PROPRIETOR, PARTNER, DIRECTOR OR COMPANY SECRETARY
*(Delete as appropriate)*

***Print name*** ……

**Name, address, telephone number & business of company or firm:**
Type of Company:

*Type of Company:* ☐ Exporter ☐ Forwarder/Shipping Agent

*Client Name:* ……
(Print or type full name of Company or Firm)

*Address line 1:* ……
(Print or type full address of Company or Firm including Postal Code and Country)

*Address line 2:* ……

*City / Town:* ……

*County / Postal Code* ……

*Main co. tel:* ……
(Telephone number of Company)

***Note: Please give specimen signatures of authorised signatories overleaf***

| **Fax completed form (pages one and two) to: 01-6865466** | |
|---|---|
| ***Important***<br>**Please send pages 1 and 2 by Fax, and then by Post.** | ***After** you have faxed this form:*<br>Mail original to:<br>Arab-Irish Chamber of Commerce<br>Attn: Trade Services Department<br>34 Fitzwilliam Place<br>Dublin 2 |

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Page two – ***must be completed***

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

**Primary Contact Authorised Official:** This signature will be used on all online applications. The Primary Contact may set up (& deactivate) other users on the online certification system.

***Title:*** ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ ……..…

***First & Last Name of Primary Contact:*** ……
(Print / type full name of primary contact. Must be completed even if Primary Contact is same as Authorising Official from page one)

***Job Title:*** Job Title ……..……

***Direct Tel & Fax of Primary Contact:*** Tel: …… Fax: ……

***eMail Address of Primary Contact:*** eMail Address: ……

***Primary contact must sign their name fully within the box to right.*** If Primary Contact person is same as Authorising Official from page one, that person signs on page one and also signs here. →

***Please use black ink and sign completely within the box.***

**Other Authorised Officials:**

If no other signers are authorised, please enter "N/A" on the first line.

| NAME OF AUTHORISED SIGNATORY | JOB TITLE | SPECIMEN SIGNATURE |
|---|---|---|
| …… | …… | |
| …… | …… | |
| …… | …… | |
| …… | …… | |
| …… | …… | |
| …… | …… | |
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| …… | …… | |
| …… | …… | |
| …… | …… | |

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# E-Certification Payment Details

For all documents accepted through E-Certification, documents must be pre-paid and accounts must be in credit unless you have an agreement in place with the AICC.

For further information on this please contact Ruth Spain at ruth@aicc.ie

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