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.

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 Joint 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

Email completed form to register@esscert.com
Please send both pages combined into one PDF document - other formats will not be accepted

Mail original to: The Arab-Irish Chamber of Commerce
Attn: Export Documents
34 Fitzwilliam Place
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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REV: AUG 2015

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