



Letter of Waiver Form

Date: _____

To: 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:**

On the _____ day of _____, 20____ the Authorized Official has: Signature of **5 i ʘ cfjnyX'cZjWU** (seal if available):

- proved to me, on the basis of satisfactory evidence, to be the person whose name appears as signatory on this document;
- acknowledged that he/she executed the same in his/her authorized capacity;
- and**
- sworn before me that full responsibility will be accepted for any errors, omissions or inaccuracies in such declarations and/or documents presented for certification by the Chamber.

X _____

Notary Public / Lawyer – Signature and Seal

Print Name of Authorized Official

Notary Public / Lawyer – Contact Information

Print Title of Authorized Official

FZ[e^VFVd _ gef TWSUba_ bS [W Tk bdaXaXTge] WedW[erdf[a' z;Xa^WdfZS` \$ kears, 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 original to: Canadian Chamber of Commerce
Headquarters
Attn: Document Certification
1700-275 Slater Street
Ottawa, Ontario K1P 5H9

Questions?
1-800-661-2930
certification@chamber.ca