Letter of Waiver Form

Date: _____

To: The South Surrey and White Rock Chamber of Commerce

☐ Exporter ☐ Freight Forwarder
(Please tick appropriate box)

Please type

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

Organization: _____

Address: _____

Address: _____

City / Prov / Post Code: _____

To Whom It May Concern:

In consideration of the South Surrey and White Rock 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 / Authorized Official: 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. Complete even if Primary Contact is same as Authorizing Official)

Job Title: .....

eMail Address: .....

Tel: ..... Fax: .....

On the____ day of _____, 20___ the Authorized Official has:

- 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.

Signature of Authorized Official (seal if available):

X _____

_____
Print Name of Authorized Official

_____
Print Title of Authorized Official

_____
Notary Public / Commissioner of Oaths - Signature and Seal

_____
Notary Public / Commissioner of Oaths – Contact Information

To be submitted to the South Surrey and White Rock Chamber of Commerce, in typed format, once it has been duly signed by an authorized representative, and **signed/sealed** 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.

Forward original to:

South Surrey and White Rock Chamber of Commerce
22-1480 Foster Street
White Rock, British Columbia, V4B 3X7

Questions?
604-536-6844

Rev. March 2020

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