NÆRINGSFORENINGEN Kristiansandsregionen

FORMAL UNDERTAKING

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

In consideration of Kristiansand Chamber of Commerce from time to time granting or certifying Certificate of Origin or other documents I/we hereby agree to accept and be bound by the Standard Rules for the issue of Certificates of Origin, etc in force at the time of certification, of which I/we confirm having received a copy.

Further that I/we will at all times keep the issuing body and its officials indemnified against any claims or demands whatsoever which may at any time be made against them, or any of them by reason of any fault, defect, omission or inaccuracy in the content of the Certificates or other documents, or in the manner of their issue, this indemnity being subject to all statutory provisions to the contrary.

In the event of requests which stem from a legitimate enquiry from someone in possession of statutory authority e.g. Police, Customs or officials acting with authority of a Court Order, I/we hereby permit the Issuing Body to allow direct access, under the power of statutory authority, to such commercial information as may be required as part of the enquiry.

☐ **NEW REGISTRATION**
☐ **RENEWAL REGISTRATION**
☐ **COMPANY NAME CHANGE -** PREVIOUS COMPANY NAME: .....

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

Authorised Signature: SIGNATURE X .....
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

Company ORG No: .....

Company 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: .....

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

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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.

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 of Primary Contact: Tel: ……

eMail Address of Primary Contact: eMail Address: ……

Primary contact must sign their name fully within the box below. 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.

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

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