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CERTIFICATE OF ORIGIN RULES

INDEMNITY

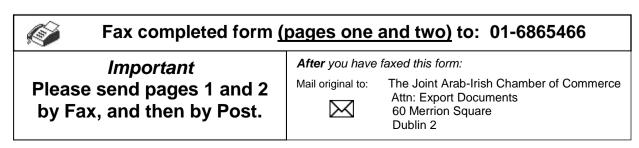
To be given by an applicant when first applying for an Arab-Irish Certificate of Origin or certification of international trade documents and to be renewed annually.

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, te Type of Company:	elephone number & busir	ness of company or firm:					
Type of Company:	Exporter	Forwarder/Shipping A	Agent					
Client Name:	(Print or type full name of Con							
Address line 1:	(Print or type full address of Company or Firm including Postal Code and Country)							
Address line 2:								
City / Town:								
ounty / Postal Code								
Main co. tel:	(Telephone number of Compa							

Note: Please give specimen signatures of authorised signatories overleaf



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 prin	nary contact. Must b	e completed even i		e as Authorising Official from page one)			
Job Title:	Job Title							
Direct Tel & Fax of Primary Contact:								
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:								
	signers are auth		ise enter "I	N/A" on the fir	st line			
	AUTHORISED	· •		OB TITLE	SPECIMEN SIGNATURE_			
Fax completed form (pages one and two) to: 01-6865466								
Ple	<i>Import</i> ase send pa			f ter you have fax ail original to: T	red this form: he Joint Arab-Irish Chamber of Commerce			

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by Fax, and then by Post.

JA-ICC • JA-ICC

Attn: Export Documents

60 Merrion Square

Dublin 2

Joint Arab Irish Chamber of Commerce

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 JAICC.

For further information on this please contact Evelyn Harrington at evelyn@jaicc.ie