DURBAN CHAMBER OF COMMERCE AND INDUSTRY NPC

EST 1856

DURBAN CHAMBER OF COMMERCE AND INDUSTRY NPC

FORMAL UNDERTAKING

In consideration of the **Durban Chamber of Commerce and Industry NPC** from time to time granting or certifying certificates of origin or other documents, I/we hereby agree to 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 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. the Revenue Commissioners, Customs & Excise 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.

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: ☐ 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: ……

Main co. tel: ……
(Telephone number of Company)

Email this completed form along with a copy of your Company Registration Form issued by the CIPC to support@tradecert.com

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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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