

Letter of Waiver Form



Date: _____

To: Sarnia Lambton 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 Sarnia Lambton 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 Board.

Further, the Organization waives and agrees to release and hold harmless the Board 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 Board 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 Board.

Signature of Authorized Official (seal if available):

X _____

Notary Public / Lawyer – Signature and Seal

Print Name of Authorized Official

Notary Public / Lawyer – Contact Information

Print Title of Authorized Official

To be submitted to Sarnia Lambton Chamber, in typed format, once it has been duly signed by an authorized representative, and **signed/sealed** by a Notary Public or Lawyer. 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:

Questions?
514 871-4000

Sarnia Lambton Chamber of Commerce
Attn: Document Certification
556 North Christina Street
Sarnia, ON N7T 5W6

Sarnia Lambton Chamber of Commerce