Letter of Waiver Form



Date:		GREATER SASKATOON CHAMBER OF COMMERC
O: The Great	ter Saskatoon Chamber of Commerce	Exporter Freight Forwarder (Please tick appropriate box)
	Name of Organization/Freight Forwarder/Broker, etc.:	
be	Organization:	
Please type	Address:	
	Address:	
	City / Prov / Post Code:	
To Whom It May	Concern:	
related documer referred to as th	nts such as VISA request letters, or otherwise certifying docur	from time to time granting Certificates of Origin and other export- ments upon request by the above named Organization (henceforth esponsibility for the veracity, accuracy and completeness of such or by the Organization on behalf of any of its clients.
The Organization (or its clients) wi	n also affirms that the documents submitted for certification w I obtain the necessary authorizations prior to submission to th	rill not pertain to the export of controlled goods; if affirmative, that it ie Chamber.
Organization or	anization waives and agrees to release and hold harmless the foreign authorities may have against the Chamber or its officia namber and its officials in respect of any costs or liability to the	Chamber and its officials in respect of all claims or expenses that the als, now or in the future, in connection with such certification, and to chamber or its officials arising from such certification.
Chamber is pres	ented with a demand for production of documents which ents received from the Organization in accordance with the organization y other background documents (to be kept by the Organization	ents certified with the background documentation provided. If the is authorized by law, the Organization authorizes the Chamber to demand. The Organization also agrees to make readily available to on for up to three years after the certification), for review by relevant
Primary Co Certificate o	ntact / Authorized Official: This is the exporter's primary cont of Origin system, this will be the primary system user who has a	act for certification matters. For users of Tradecert, the online authority to set up other users within the Organization.
	Mr Ms	
Please type	(Print / type full name of Primary Contact. Complete even	if Primary Contact is same as Authorizing Official)
	Job Title:	
	eMail Address:	
	Tel: Fa	ах:
name appears	y of, 20 the Authorized Official has on the basis of satisfactory evidence, to be the person whose as signatory on this document; that he/she executed the same in his/her authorized capacity;	
 and sworn before r 	ne that full responsibility will be accepted for any errors, omiss in such declarations and/or documents presented for certifica	ions X
		Print Name of Authorized Official
Notary Public / O	Commissioner of Oaths - Signature and Seal	
Notary Public / 0	Commissioner of Oaths – Contact Information	Print Title of Authorized Official
	to the Ottawa Board of Trade, in typed format, once it has been	Forward original to:
duly signed by a	n authorized representative, and <u>signed/sealed</u> by a Notary or Oaths. It must be accompanied by current proof of business	Greater Saskatoon Chamber of Commerce <i>Questions?</i> 110-345 4th Avenue South
NO MODIFICATIO	NS ARE ALLOWED. The letter will remain valid for two-years.	306-244-2151 Saskatoon, SK, S7N 1N3

Should your Organizations name/address change, a new letter of waiver must be filed with the Chamber.