Indemnity Form

In consideration of the Galway Chamber from time to time within one year of the date hereof giving or authenticating Certificates of Origin in regard to goods or authenticating other documents for:

Please print or type:

Company Name: _____

Address: _____

City / County: _____

Phone Number: _____

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: _____ Type of Company: ❑ Exporter ❑ Forwarder/Shipping Agent

Authorising Official:

Signed: _____
Chairman / Managing Director

Witness: _____

The witness may be another employee of the company or, if preferred a third party - e.g. solicitor

Occupation: _____
Address: _____

Primary Contact Authorised Person: This signature will be used on all online applications. The Primary Contact may set up (& deactivate) other users on the online certification system.

[ ] Mr [ ] Ms [ ] ……..

……
(Print / type full name of primary contact. Complete even if Primary Contact is same as Authorising Official)

Job Title ……..……

eMail Address: ……..……

Tel: …… Fax: ……

Primary contact must sign their name fully within the box to right. If Primary Contact person is same as Authorising Official from above, that person signs above and also signs here. →

Please use black ink and sign completely within the box at right.

Please fax completed form, duly signed, to: 01 686 5466

In the case of non-members of the Chamber, this Indemnity Form should be accompanied by a satisfactory banker's reference as to standing .

***After** you have faxed this form:*

Post original: Galway Chamber
Attn: Documentation Department
Commerce House, Merchants Road
Galway

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