In order for the Fingal Chamber to authenticate documentation for your company, we must have the following indemnity form completed on and returned to the chamber, with a list of authorised signatories.

- This form must be renewed annually. An e-mail reminder will be sent to the primary contact one month before the indemnity form expires.
- Indemnities, applications and other supporting documentation will be retained by the Chamber for at least three years and no more than five years.
- Such documentation may be shared with any authorised statutory agents or with Chambers Ireland, the national governing body of all Issuing Chambers, as part of any ongoing audits, as they request information

For companies **which are not members of Fingal Chamber** we will also require a copy of your company's **Certificate of Incorporation**.

There is no charge for registering with Fingal Chamber.

If your company is VAT exempt please provide a copy of your 13B VAT Exemption Form

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NEW REGISTRATION

INDEMNITY FORM

Certificates of Origin Online

www.esscert.com

In consideration of the **Fingal Chamber** 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 an authorised person in Chambers Ireland, the national governing body for Issuing Chambers, or 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.

	AL REGISTRATION NY NAME CHANGE - PREVIOUS COMPANY NAME:				
Date:	DATED THIS DAY OF YEAR				
Authorised Signature:	SIGNATURE PROPRIETOR, PARTNER, DIRECTOR OR SECRETARY (Delete as appropriate)				
	Print name				
	Name, address, telephone number & business of company or firm: Type of Company:				
Type of Company:	☐ Exporter ☐ Forwarder/Shipping Agent				
	Please tick below ALL documents you are likely to submit				
Documents used:	□ EC Certs□ Arab Irish Certs□ Other Docs (invoices, packing lists etc)□ Legalisations				
Company Name:	(Print or type full name of Company or Firm)				
Address line 1:	(Print or type full address of Company or Firm)				
Address line 2:					
City / Town:					
County: (& Country if not IE):					
Main co. tel:	(Telephone number of Company)				

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

Email Completed form to: register@esscert.com also

<u>also</u>

Please mail original to: Fingal Chamber Attn: Export Documents, 3 The Green, Dublin Airport Central, Dublin Airport, Co. Dublin

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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	u			
First & Last Name of Primary Contact:						
, , ,	Il name of primary contact	t. Must be con	npleted even i	f Primary Contact is same a	s Authorising Official from page	one)
Direct Tel & Fax of Primary Contact:	rei:			Fax:		
e-Mail Address of Primary Contact:						
Primary contact must sign their box to right. If Primary Contact Authorising Official from page one page one and also Please use black ink and sign cobox.	et person is sar , that person sig signs	ne as Ins on here.				
Other Authorised Officials:	f no other signe	ers are a	uthorise	d, please enter "	N/A" on the first li	ne.
Name:		Position:				
Tel:	Sample signatu	ıre →				
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Name:		Position:				
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E-mail:						
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F-mail:						