

In order for the County Meath Chamber of Commerce 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 County Meath Chamber of Commerce*** we will also require a copy of your company's **Certificate of Incorporation**.

There is no charge for registering with County Meath Chamber of Commerce

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



INDEMNITY FORM

In consideration of the **County Meath 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.

NEW REGISTRATION

RENEWAL REGISTRATION

COMPANY NAME CHANGE - PREVIOUS COMPANY NAME:

Date: DATED THIS DAY OF YEAR

*Authorised
Signature:*

SIGNATURE **X**
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)

Note: Please give specimen signatures of authorised signatories overleaf

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

Please mail original to:
County Meath Chamber of Commerce,
Attn: Export Documents,
Chamber House, Church Hill,
Co.Meath.

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 ☐

First & Last Name of Primary Contact:

Job Title:

(Print / type full name of primary contact. Must be completed even if Primary Contact is same as Authorising Official from page one)

Direct Tel & Fax of Primary Contact: Tel: Fax:

e-Mail Address of Primary Contact:

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: Position:

Tel: Sample signature →

E-mail:

Name: Position:

Tel: Sample signature →

E-mail:

Name: Position:

Tel: Sample signature →

E-mail:

Name: Position:

Tel: Sample signature →

E-mail: