



# Watford & West Herts Chamber of Commerce

## FORMAL UNDERTAKING

In consideration of the Watford Chamber of Commerce from time to time granting or certifying Certificate of Origin or other documents I/we hereby agree to accept and be bound by the Standard Rules for the issue of Certificates of Origin, etc in force at the time of certification, of which I/we confirm having received a copy. Further that I/we will 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 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 someone in possession of statutory authority, eg Police, HM Revenue & Customs 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. In all other circumstances any information provided by any of the parties involved with the documents being stamped will be kept confidential to the parties concerned. Please refer to the Chambers GDPR policy for further information.

**Name, address and telephone number of Company or Firm:**

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.....  
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**Telephone No:** ..... **Main Email:**.....

**Print Name:** .....

**Signature**.....

**(Proprietor, Partner, Director or Company Secretary)** *Delete as appropriate*

**For Standard Rules of issue see**

<https://watfordchamber.co.uk/wp-content/uploads/2020/12/STANDARD-RULES.pdf>

**Date:** .....





# Watford & West Herts Chamber of Commerce

Name and address of Company:

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I certify that the below people are authorised to sign on behalf of this organisation and will inform the Chamber immediately of any changes of the personnel which may arise.

Signature..... Date.....

(Proprietor, Partner, Director or Company Secretary) Delete as appropriate

**THE SPECIMEN SIGNATURES BELOW MUST BE MADE FIRMLY WITH BLACK INK AND SHOULD NOT GO BEYOND THE LINES TO ENABLE SCANNING OF SIGNATURES FOR E-CERTIFICATION**

Name:.....  
Job Title:.....  
Email:.....

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