



Return to :- info@wcnwchamber.org.uk

or
Export Dept
WCNW Chamber of Commerce
Riverside Innovation Centre
1 Castle Drive,
CHESTER, CH1 1SL

Formal Undertaking and Signature authorisation on behalf of :-

Company :- **All Media & Pigment Sales (AMPS) Ltd**

Address :- **The Saltings, Four Crosses, Llanymynech**
POWYS, N.Wales

Postcode **SY226RE**

Formal Undertaking & Authorised Signatories

To be completed before applications for Export documents will be accepted and renewed annually


Formal Undertaking (To be signed by a Director/Proprietor/Partner or Company Secretary)

In consideration of the West Cheshire & North Wales Chamber of Commerce from time to time granting or certifying Certificates of Origin, Movement Certificates or other documents, I 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, a copy of which I confirm having received.

Further I confirm 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 by reason of any fault, defect, omission, or inaccuracy in the content of Certificates or other documents, or in the manner of their issue, this indemnity being subject to any statutory provisions to the contrary.

In the event of requests from legitimate parties in possession of statutory authority (eg:- Police, HM Revenue & Customs, or officials acting with a court order) I hereby permit the issuing body to allow direct access, under the power of said authority, to such commercial information as may be required as part of their enquiry.

I authorise the signatories listed below to sign certificates and other export documentation on behalf of the company.

Signature _____  _____ Print Name __ Alan Montgomery
Position in company __ __ MD Date _____ 10/03/2015 Tel No __ __ 01978 810808

Authorised Signatories Please provide E mail address if you would like to receive regular export information

Signatories full name (Print please)

Specimen Signature (Please keep inside box)

Name _____ Alan Montgomery
E mail _____
Name _____
E mail _____
Name _____
E mail _____
Name _____
E mail _____
Name _____
E mail _____

