

FORMAL UNDERTAKING

FOR PAPER AND ELECTRONIC APPLICATIONS

In consideration of Chamber Management Services 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 e.g. Police, H M 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.

I/We give overleaf 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.

Name: DEREK LAMB Position: MANAGING DIRECTOR
(Signatory **MUST** be either Proprietor, Partner, Director or Company Secretary)

Signature  Day 23 Month 02 Year 2015

Name and address of Company or Firm:

VIAMED

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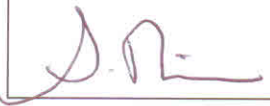

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Important – Ensure that your signature does NOT touch the outline of the box

Note: email address is a mandatory field – please ensure this is completed to ensure your documents are not delayed - Thank you

NAME	JOB TITLE	SPECIMEN SIGNATURE
DEREK LAMB	MANAGING DIRECTOR	
Email: DEREK.LAMB@VIAMED.CO.UK		
HELEN LAMB	DIRECTOR	
Email: HELEN.LAMB@VIAMED.CO.UK		
STEVE NIXON	DIRECTOR	
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