

INDEMNITY FORM - EGYPTIAN

To Whom It May Concern: _____

Certificate of Origin Number: _____ Invoice Number: _____

In consideration of my/our application or the issue of Certificates of Origin and/or the certification of that date, I/We acknowledge that I/We will not hold the East Lancashire Chamber of Commerce responsible for the refusal of these documents by any Egyptian Chamber, Embassy, Customs Officer, other authority, negotiating banks or the consignee.

Signed _____
(Authorised Signatory)

Date _____

Company Name _____

Address _____

