

AUSTRALIAN CHAMBER OF COMMERCE & INDUSTRY

A.C.N 008 391 795

EXPORTER INFORMATION FORM

The Chief Executive	
Business Name:	(2)
Address:	
Phone:Facsimile:	
Email:Website:	
Description of Business:	
Is a company incorporated/business registered (4) in Australian Company Number: (6) Australian Business Number: (6) and carries on its export operations from the address Incorporation or Certificate of Registration of Business n	above. A copy of our Certificate of

The company requires documentary evidence of origin for its products when exporting to particular countries and intends to obtain that evidence from the above mentioned chamber of commerce.

To assist the Chamber to ensure the integrity of documentary evidence or origin issued the company provides the attached list (Attachment 1) of names and signatures of people whom it has authorised to sign documentary evidence or origin on its behalf.

That exporter agrees that it will ensure that the Chamber is advised:

- Of the name and signatures of any additional authorised by the company to sign applications for documentary evidence of origin.
- Of the withdrawal from any person of the authority to sign such applications and
- Of the change of address of any production facility, by sending to it a revised copy of Appendix A hereto.

Furthermore, the company agrees to provide the Chamber with any documents or information which it may request to enable it to be satisfied that the goods for which a documentary evidence of origin is sought do originate from the country certified, as determined by the rules of origin of the destination country.

Signed at		
this	day of	2
by	,Represento	ative of the above mentioned company.
Signature:		
(2) Insert the name (3) Insert the state	•	h registration is sought ach a copy of the certificate of incorporation
(5) Insert the name	e of the Chamber	' Australian Business Number

Attachments:

- 1. Company Authorised Signatory List
- 2. Copy of Certificate of Incorporation or Registration of Business Name

EXPORTER AUTHORISED SIGNATORY LIST

	Name (please print)	Position (please print)	Signature
1			
2			
3			
4			
5			
6			

Please attach this form to your completed Exporter Information Form and return to TCCI