

HANDELSKAMMAREN VÄRMLAND

Page two – *must be completed*

I/We give below 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.

Primary Contact Authorised Official: This signature will be used on all online applications. The Primary Contact may set up (& deactivate) other users on the online certification system.

Title: Mr Ms Mrs Miss

First & Last Name of Primary Contact:

.....
(Print / type full name of primary contact. Must be completed even if Primary Contact is same as Authorising Official from page one)

Job Title: Job Title

Direct Tel & Fax of Primary Contact:

Tel: Fax:

eMail Address of Primary Contact:

eMail Address:

Primary contact must sign their name fully within the box to right. If Primary Contact person is same as Authorising Official from page one, that person signs on page one and also signs here.



Please use black ink and sign completely within the box.

Other Authorised Officials:

If no other signers are authorised, please enter "N/A" on the first line.

AUTHORISED SIGNATORY NAME EMAIL ADDRESS

SPECIMEN SIGNATURE

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Email completed form to: register@esscert.com

Please send both pages combined into one PDF document - other formats will not be accepted

Alternatively form can be posted to:

Mail original of Handelskammaren Värmland
ATTN: Export Documents
Box 6004, 651 28 KARLSTAD, Sweden

