INDEMNITY BOND

| To, | | | | | | |
|---|---|---|--|--|--|--|
| The Secretary General, | | | | | | |
| 2 nd Floor, Offtel Tower no | : 1, | | | | | |
| B/h Stop-N-Shop Plaza, | | | | | | |
| R.C.Dutt Road, | | | | | | |
| Vadodara - 390007. | | | | | | |
| Dear Sir, | | | | | | |
| Certificate of Origin, lega exportation | dization invoices and other docu by M/S | e to time giving or authenticating uments, in respect of the goods for S: | | | | |
| ••••• | (Name & A | ddress of Exporter). | | | | |
| presented to the EXIM authenticating or legalizat all times INDEMNIFY arclaims and demands that | CLUB, Vadodara by us in o ion shall be true and accurately a nd keep indemnified the EXIM | in invoices and other documents our name for their certificate or set forth & further that we shall at CLUB and its officials against all t them or any of them by reason of her documents as aforesaid. | | | | |
| • | • • | vulge nor can transfer part / whole detection of any such action Exim | | | | |
| Thanking You, | | | | | | |
| 6 | | Yours faithfully | | | | |
| Co. S | seal & Address Stamp | v | | | | |
| Place: | | Mg. Director / CEO | | | | |
| Date: | | Name & Designation | | | | |
| | | Of the signing authority | | | | |
| WITNESSES: | | | | | | |
| NAME | DESIGNATION | SIGNATURE | | | | |
| 1. | DESIGNATION | SIGNATURE | | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| Phones: (Off) E-Mail: | (Fact) (Fa | ax) | | | | |

UNDERTAKING

| | | Director | | | | _ | | | | |
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| | | ot applied to a | • | | | | | - | | |
| | | Certificate of C | _ | - | - | | | | | |
| no | • | dt | • | • | tor | - | | _ | | |
| (Name | | ess of the cons | ionee | with countr | v of in | | • • • • • • | • | •••• | • • • • • • |
| (1 v aiiic | & Auur | ess of the cons | signee, | with Country | y OI III | nport). | | | | |
| | | | | | | | | | | |
| Place: | | | | | | | | | | |
| | | | | | | | | | | |
| M/S | | | • • • • • • • | | •• | | | | | |
| Date: | | | | | | | | | | |
| Date. | | | | | | | | | | |
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| To pi | int on o | company's l | etterh | <u>read</u> | | | | | | |
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| | | | | <u>3)</u> | | | | | | |
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PS. Please submit Xerox copy of your IEC no. (Importer Exporter code) issued by DGFT Office.