

Request for Blank Certificates of Origin

To be filled by the Company

Registration number: D/COM/R/

Company's Stamp

Name of the Company:

COOs requested:

Agreement	No. of COOs

Name of the Authorized officer:

ID number:

Name of the Collecting person:

ID number:

Signature of the authorized officer:

To be filled by the Department of Commerce

Whether registration number and company name have been verified:

Range of the blank COOs issued:

Agreement	Range	
	from	to

Name of the collecting person:

ID number:

Name of the issuing officer:

Signature:

.....

Signature of the collecting person

Date: