## □ Instructions to Milgram Regarding Preferential # fYYHFUXYTariff Treatment

(Single Shipment)

Supplier:	

**Reference:** 

Transaction number/bill of lading/pro number/description/other reference

Canadian Customs regulations state that the importer (or his Customs Broker) must possess a valid certificate of origin for the imported goods when the preferential rate of duty is claimed. Canada Customs has the right to request a copy of the certificate of origin and issue an assessment for duties and GST with interest and AMPS penalties for non-compliance.

We hereby advise Milgram that we are in possession of a valid, fully completed certificate of origin covering the above-mentioned goods. We hereby instruct Milgram to apply the preferential rate of duty to these goods and undertake to make a copy of the certificate available to Canada Customs on request. A copy of this certificate will be sent to Milgram at our earliest convenience.

Company Name:		
Signed by:		
Signature:	Date:	
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## □ Standing Instructions to Milgram Regarding Preferential #: fYYHfUXYTariff Treatment

Canadian Customs regulations state that the importer (or his Customs Broker) must possess a valid certificate of origin for the imported goods when the preferential rate of duty is claimed. Canada Customs has the right to request a copy of the certificate of origin and issue an assessment for duties and GST with interest and AMPS penalties for non-compliance.

We hereby advise Milgram that we are in possession of valid, fully completed certificates of origin for all of the goods we import that are produced in and imported from a country entitled to the benefits of dfYZdfYbhU<sup>+</sup># ZfYffUXYVbYZhg We hereby instruct Milgram to apply the preferential rate of duty to all such goods and undertake to make copies of these certificates available to Canada Customs on request.

We will send copies of these certificates to Milgram at our earliest convenience. We further undertake to notify Milgram immediately of any changes to these instructions.

Company Name:		
Signed by:		
Signature:	 Date:	