



## MAINTENANCE OF RECORDS OUTSIDE OF CANADA – Instructions for Form

Canada Border Services Agency (CBSA) may authorize certain importers to maintain records outside of Canada, provided they submit this “letter of undertaking.” The purpose of this document is to record and set out the agreement made between the company and CBSA, concerning the availability of customs records for verification purposes.

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This document must be completed **in full** with complete business address where the records are maintained (no post office box numbers) and, if applicable, the corresponding mailing address of the company. The Business Number issued to your company **must** be indicated. Incomplete forms will be returned for proper completion.

Please note that **two** officers of the company must sign this document. If only one officer is available, the corporate seal must be endorsed on the form.

A copy of this Agreement should be held for your company records, and the **original** must be forwarded to the following address:

### Records – Trade Services Division Canada Border Services Agency

**COURIER/STREET ADDRESS:**

1980 Matheson Blvd East  
Mississauga ON L4W 5N3

**MAILING ADDRESS:**

PO Box 7000 Stn A  
Mississauga ON L5A 3A4

Phone: 905-803-5286

Fax: 905-803-5353

E-mail: [cm-go@cbsa-asfc.gc.ca](mailto:cm-go@cbsa-asfc.gc.ca)



### AGREEMENT TO MAINTAIN RECORDS OUTSIDE OF CANADA

I/We,

1. LEGAL COMPANY NAME:
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undertake that our records will be made available in Canada upon request (at a location to be determined should the records be requested) or that I/we will bear the full cost and expenses of one or more officers from the Canada Border Services Agency (CBSA) travelling to our facilities located at the following address: (Complete all of the requested information below for the company where records will be maintained.)

2. BUSINESS STREET ADDRESS:			
CITY:	STATE / PROVINCE:	POSTAL / ZIP CODE:	COUNTRY:
TELEPHONE:	FACSIMILE:		

3. BUSINESS MAILING ADDRESS (IF DIFFERENT FROM ABOVE):			
CITY:	STATE / PROVINCE:	POSTAL / ZIP CODE:	COUNTRY:
TELEPHONE:	FACSIMILE:		

4. CANADA REVENUE AGENCY BUSINESS NO.:	R
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I/We have read, understood, and agree with the foregoing: *(Two signatures required.\*\*)*

5a. SIGNING OFFICER NAME 1 (PLEASE PRINT):	5b. SIGNING OFFICER NAME 2 (PLEASE PRINT):
TITLE:	TITLE:
DATE (yyyy-mm-dd):	DATE (yyyy-mm-dd):
SIGNATURE:	SIGNATURE:

*\*\*If there is only one signing officer, a corporate seal must be imprinted on this form.*

This Agreement may be revised provided modifications are accepted and agreed to by the company and the CBSA. Such modifications shall be in writing.

If applicable, provide the name of the customs brokerage providing this application and agent's name and contact information:

6. CUSTOMS BROKERAGE COMPANY NAME:			
ADDRESS:			
CITY:	STATE / PROVINCE:	POSTAL / ZIP CODE:	COUNTRY:
BROKER'S NAME:			
TELEPHONE:	FACSIMILE:		