



CANADA-CHILE FREE TRADE AGREEMENT VERIFICATION OF ORIGIN QUESTIONNAIRE

PURPOSE

The purpose of this questionnaire is to request that you provide the Canada Border Services Agency (CBSA), pursuant to subparagraph E-06(1)(a) of the Canada-Chile Free Trade Agreement (CCFTA), with the information used to determine the eligibility of the goods for the CCFTA preferential tariff treatment. This information is required to conduct a verification of the origin of specified goods imported into Canada, pursuant to section 42.1 of the *Customs Act* (hereinafter referred to as "the Act"), for which a claim for preferential tariff treatment was made on the basis that the goods originate, as a result of meeting a rule of origin under the CCFTA.

This questionnaire must be completed, signed and returned by the date specified in the covering letter accompanying this questionnaire. Failure to complete and return this questionnaire in the prescribed time and manner may, pursuant to subsection 42.1(2) of the Act, result in the denial of preferential tariff treatment under the CCFTA.

GENERAL

The CBSA may further verify the origin of the goods and/or determine the accuracy of any or all of the information provided in the completed questionnaire by sending a subsequent verification questionnaire or verification letter, and/or by conducting a verification visit in accordance with section 42.1 of the Act.

For additional information regarding the completion of this questionnaire, please refer to the Regulations. Information and/or clarification may also be obtained from the CBSA officer identified in the covering letter. The CBSA Customs D Memoranda are available at www.cbsa-asfc.gc.ca/menu/D-e.html; the Customs Tariff, at www.cbsa-asfc.gc.ca/general/publications/customs_tariff-e.html; and the Customs Act, at laws.justice.gc.ca/en/C-52/index.html.

The CBSA shall, in accordance with section 107 of the Act, protect the confidentiality of all confidential business information submitted in this questionnaire and shall not, under any circumstances, disclose such information to a third party without prior consultation with your company.

INSTRUCTIONS ON THE COMPLETION OF THE QUESTIONNAIRE

The information requested in this questionnaire may be received by the CBSA in any suitable format including electronic. For example, a bill of materials indicating the origin of materials and the respective supplier names and addresses instead of reproducing the information in the questionnaire will be acceptable to the CBSA.

If you are the exporter of the good being verified and relied on a certificate of origin or a written representation from the producer to prepare your certificate of origin, provide it, then complete section IV. For all other instances, complete all sections of the questionnaire. If intermediate materials were used in the production of the good, sections I to III must also be completed for each intermediate material.

This questionnaire must be completed, signed and dated by the exporter or producer of the goods/material or an individual who can certify as to the accuracy of the information provided in response to the questionnaire, as the case may be.

Where there is insufficient space in this questionnaire to adequately respond to a request for information, copy and attach the relevant page.



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Section I

Exporter Information	
Company	Telephone Number
Address	Facsimile Number
	E-mail
	Fiscal period
<p>You are completing the questionnaire as (check the appropriate box):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Exporter <input type="checkbox"/> Producer of Good </div> <div style="width: 45%;"> <input type="checkbox"/> Exporter/Producer <input type="checkbox"/> Producer of Material </div> </div> <p>If you are the producer of good, indicate the manufacturing plant address:</p>	

Description of Good, including HS Tariff Classification (8 digits)

Description of Production Process

Section II

Material(s) or Component(s) – Non-originating or of Unknown Origin			
Description of the material(s) or component(s)	HS tariff classification	Number of units	Cost per unit

Material(s) or Component(s) – Originating					
Under origin basis, indicate what kind of information was relied upon to determine the originating status (affidavit, certificate of origin, etc.)					
Description of the material(s) or component(s)	Origin basis	Name and address of supplier or manufacturer	Self-produced (Y/N)	Number of units	Cost per unit

Section III

Additional Information

1. Has a classification ruling been issued with respect to any of the good, material(s) or component(s) produced? If yes, attach a copy of the ruling. Yes No
2. Was the de minimis provision used? If yes, indicate the de minimis value under the transaction value (TV), net cost (NC) or total weight (TW), as applicable. Yes No
TV _____
NC _____
TW _____
3. Was the sale of the good/material to a related person or was the purchase of material(s)/component(s) from a related person? If yes, attach a list of customers and/or suppliers and their addresses. Yes No
4. If the good was determined to be an originating fungible good, which inventory management method was used? LIFO Average
 FIFO Specific Identification
5. If any of the materials or components used in the production of the good/material are fungible materials, which inventory management method was used? Attach a list of the fungible materials. LIFO Average
 FIFO Specific Identification
6. Was a regional value content (RVC) required to meet the specific rule of origin? If yes, continue. If no, go to Section IV. Yes No
- a) What was the RVC determined for the good? _____ %
- b) Which method was used to determine the RVC? NC TV
- c) If net cost method was used, indicate the value of: Direct labour _____
Overhead _____
- d) Was accumulation used? If yes, attach a list of suppliers and their addresses. Yes No
- e) What is the period over which the RVC is calculated? _____

Section IV

Certification, print or type (except for the signature)

I certify that the information on this document is true and accurate. I agree to maintain, and present upon request, all records and documents necessary to support the representations made in response to this questionnaire. I understand that I am liable for any false statements or omissions made on or in connection with this document.

_____ Title _____ Signature _____ Date _____

_____ Name _____ Telephone number _____ Facsimile number _____

_____ Company name _____