



Protected B
(when completed)

Confidentiality Agreement

I, the undersigned (employee)

Name:

Initials:.....

Date of birth:.....

Engaged on (date):.....

Herewith declare, in connection with the handling or gaining knowledge of classified/ confidential information in respect of which I am bound to this confidentiality agreement,

That I am aware of my responsibility for the safeguard of classified/confidential information and that I am liable to statutory or other pertinent sanctions if I pass such information on to unauthorized person, be it willful or out of carelessness;

That on discharge, I shall NOT disclose any classified/confidential information that has come to my knowledge during the performance of my duties to unauthorized person or agencies;

That I fully realize that I remain liable to statutory or other pertinent sanctions if I pass such information to an unauthorized persons, be it willful or through carelessness;

That I have not taken away or retained any classified/confidential material.

On discharge;
(Place and date):

On taking up employment;
(Place and date):

Signature:

Signature:

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