

**ACCREDITATION COMMISSION FOR CONFORMITY ASSESSMENT BODIES**

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**NONDISCLOSURE / CONFIDENTIALITY STATEMENT
ASSESSORS / EXPERTS****CONFIDENTIAL**

This statement must be completed and signed prior to initial registration and taking part in any assignment pertaining to Accreditation.

**ACCAB Reference No. of Applicant/
Accredited Organization:**

Name of applicant / accredited organization:

I, (Print name in full)

hereby declare that all information in relation to the Client, whether it was gained by me prior to, during or after the assignment, will be treated by myself as confidential information and will not be reproduced or disclosed to any person or organization.

I further declare that I will restrict the above-mentioned information exclusively for purposes directed by ACCAB. Permission to disclose any information about a Client may only be deemed to have been granted once I have obtained unambiguous written permission from the client to do so.

I understand that confidential information includes technical, financial or personal and/or other information of a competitive or ethical nature.

I also confirm that I am fully aware of the binding effect of the “Nondisclosure/ Confidentiality Contract” concluded between myself and ACCAB.

I also declare that, to the best of my knowledge, there is no possibility of a conflict of interest between myself, my employer, ACCAB and /or the Client in accepting this assignment.

I hereby declare all interests and associations I have/ have had with the above-mentioned Client and its personnel:

I further declare that I will abide by all the rules and regulations of ACCAB during this assignment.

Signed:

Date: