Confidentiality Undertaking

In return for access to the organisation's information, I give this undertaking.

Declarant

FULL NAME

FATHER'S OR SPOUSE'S NAME

DATE OF BIRTH

PAN

PHONE

ADDRESS

Access

ORGANISATION

CAPACITY

Declaration

1. I will keep confidential all non-public information I see or hear and use it only for my role.
2. I will not copy, photograph or remove documents without permission.
3. I will return or delete information when my role ends.

☐ I solemnly declare that the above is true and correct to the best of my knowledge and belief, and nothing material has been concealed. I understand that a false declaration may lead to action under law.

PLACE

Note: this is a self-declaration. If an authority asks for a sworn affidavit, print it on stamp paper and sign it before a notary or oath commissioner.

Declarant

SIGNATURE

PRINTED NAME

DATE