



**CONFIDENTIALITY FORM**

I, \_\_\_\_\_, authorized representative of \_\_\_\_\_, do hereby verify that I have received confidential documents/video(s) from \_\_\_\_\_ regarding his/her business concept.

I verify that I have received this information solely for the purpose of providing a professional service, investment or provide professional advice.

I agree that all information provided, written or oral, was upon receipt and remains the sole property of \_\_\_\_\_, the provider of this information; and this information will not be shared by me to anyone else without prior written approval.

I also agree that upon the conclusion of our business regarding his/her business concept, all materials will be returned. Any proprietary information that cannot be returned will be destroyed.

This activity is being conducted for potential business collaboration.

This document represents the full extent of our agreement.

Concurrence is verified by the signatures below:

\_\_\_\_\_  
Entrepreneur                      Date

\_\_\_\_\_  
Business Representative                      Date

\_\_\_\_\_  
Witness                                      Date