



Organization Name:		Document No:	HRD/H/F/83
Title	Employee - Confidentiality Agreement Form	Page No:	Page 1 of 1

Name of the Employee/Staff:

Designation:

Employee ID:

Biometric ID:

Department:

Date of Joining:

I \_\_\_\_\_ (Name) agree to treat the confidential information of the organization as strictly confidential and will protect the same from unauthorized access, use, or disclosure except to authorized individuals requiring access to such information (on prior approval by the management).

If any attempt is made to obtain or use, or help in assisting others to obtain Information, when unauthorized or improper would result in disciplinary action that may lead to termination from employment with the organization.

I will abide by the guidelines of the organization to maintain confidentiality of information – pertaining to confidential organizational information, which includes verbal, written, and electronic information.

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Signature of Employee/Staff:

Name:

Date:

Place:

Issue No:	Issue Date:	Amend No:	Amend Date:	Copy No:
Prepared/Issued by:	Quality Manager	Approved by	Director	