



NONDISCLOSURE/CONFIDENTIALITY STATEMENT – ASSESSORS/ TECHNICAL EXPERTS

This statement must be completed and signed prior to taking part in any assignment pertaining to Accreditation.	
SADCAS Reference No. of applicant/accredited organization	
Name of applicant/accredited organization	
I,	
I understand that confidential information includes technical, financial or personal and/or other information of a competitive or ethical nature.	
l also confirm that I am fully aware of the binding effect of the "Nondisclosure/ Confidentiality Contract" concluded between myself and SADCAS.	
lalso declare that, to the best of my knowledge, there is no possibility of a conflict of interest between myself, my employer, SADCAS 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 SADCAS during this assignment.	
Signed:	Date:

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