This NON-DISCLOSURE AGREEMENT FOR SOP is to assure the protection and preservation of the confidential and/or proprietary nature of information to be disclosed.

The Discloser (Dt&SanoMedics) intends to disclose proprietary information and data **<’The Confidential Information’>** relating to Dt&SanoMedics Standard Operating Procedures (SOP) to the Recipient for the purpose as below *(Please tick where applicable).*

**«#if($purpose == "AUDIT")»«#else»«#end»** Audit **«#if($purpose == "INSPECTION")»«#else»«#end»** Inspection **«#if($purpose == "ASSESSMENT")»«#else»«#end»** Assessment/Evaluation Visit **«#if($purpose == "OTHER")»«#else»«#end»** Other: *(«#if($purpose == "OTHER") $other #else Pl»)*

**Obligation of Recipient;**

*\* Please tick the all boxes when you have read and understand the statement below.*

 I understand that the Confidential Information cannot be used for any purpose or in any manner that would constitute a violation of any laws or regulations.

 I agree to keep the Confidential Information secure and not to disclose it to any third party.

 I agree that the Confidential Information provided shall not be reproduced in any form.

 I will return all copies and records of the Confidential Information to the Discloser and will not retain any copies or records of the Confidential Information without permission.

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| --- | --- | --- | --- | --- | --- | --- |
| **Recipient** | | | | | | |
| «${customerName}» |  | «${jobTitleAndCompany}» |  |  |  | «${agreementDate}» |
| Print Name |  | Title/Company |  | Signature |  | Date (DD-MMM-YYYY) |