

**CONFIDENTIALITY AGREEMENT**

**(to be signed by each auditor before commencing every audit)**

1. Application/Licence No.
2. Name & Address of FBO:  
to be audited
3. Date(s):
4. I accept to work as Auditor for conducting food safety audit of above mentioned FBO.
5. I declare that,
  - i. I have not acted as Consultant and/or undertaken internal audit or any other work for the above FBO or its subsidiary within the last two years;
  - ii. I have not provided specific and tailored training services to the client within the past two years,
  - iii. I do not have any commercial interest in the above FBO.
  - iv. I do not have any relationship with the above FBO.
6. I undertake that, I shall treat all the documentation and information provided by the FBO audited as strictly confidential.
  - i. I shall neither copy any documentation nor divulge any information to any third party without the written prior consent of the FBO assessed or FSSAI except as required by law or in demonstrating conformance with the requirements of national accreditation.
  - ii. I shall not act in any way prejudicial to the reputation or interest of FSSAI or the FBO assessed.
  - iii. I shall not accept payment, commission, discount or any other profit from the FBO assessed or from their representative or from any other interested person.
  - iv. In the event of any alleged breach of this undertaking, I know that FSSAI can blacklist me and also terminate the use of my services as auditing personnel.
  - v. Information about the client from sources other than the client (Eg complainant, regulators) shall be treated as confidential.
  - vi. In the event of any enquiry/investigation conducted due to unethical practice and breach of this undertaking, I shall fully cooperate with FSSAI.
  - vii. If during the course of an assignment I identify a situation in which I believe the impartiality of the audit has been compromised, I will notify my agency and FSSAI immediately.

By affixing my signature below I certify that I have read, understood and agree to abide with all parts of the above policies.

Signature :

Name :

Date :

Counter Sign by Concerned Agency :