



**NKTIREC FORM 6.5A: CONFIDENTIALITY AGREEMENT FOR GUESTS AND OBSERVERS**

I, \_\_\_\_\_, understand that I am allowed to attend the NKTI REC meeting and/or supervised access to the NKTI REC files as a/an\_\_\_\_\_. In the course of the meeting of the NKTI REC and opening of NKTI REC files, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information as **confidential**.

Date of NKTI REC Meeting : <dd/mm/yyyy>  
 \_\_\_\_\_  
 :  
 NKTI REC Meeting Number \_\_\_\_\_  
 :  
 Purpose of attendance/access \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>MEMBER SECRETARY</b>	Name:	<Title, Name, Surname>
Date: <dd/mm/yyyy>	Signature	_____
<b>NKTI REC CHAIR</b>	Name:	<Title, Name, Surname>
Date: <dd/mm/yyyy>	Signature	_____