



**06100-FO5-Confidentiality and Non-disclosure Policy
and Engagement**

Owner: Senior Compliance Manager
Classification: Confidential | ACL: MSECB Staff
Status: Released

Approver: SBOD
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To protect information related to all its clients, MSECB has established the following policies:

1. I understand that as an employee, subcontractor, or representative of MSECB, I will handle, see, and use information relating to MSECB clients that is to be considered strictly confidential.
2. I understand and accept to act as a MSECB representative at a client premises or via remote auditing techniques and I agree to keep all information obtained or used strictly confidential. I further state that I will not discuss or disclose any information concerning any MSECB client other than solely in the execution of my assigned professional tasks as a representative of MSECB towards its client.
2. I understand that not respecting this present policy of MSECB will disqualify me of any representation capacity of performing assessment or certification audit activities for any MSECB client in which I would have been selected or recruited as a subcontractor, employee or representative. I also fully understand that upon evidence, exclusion due to non-respect of this policy is to be considered non-appealable and terminate my certification auditor status with MSECB.

I thereby certify to the best of my knowledge:

- a) I do not have any vested or financial interest in the assigned client
 - b) I have not been employed by the client in any capacity within the past two years
 - c) I have not provided consulting services to the client within the past two years (excluding assessment audits and ISO non client tailored ISO training)
 - d) I am not employed by the organization providing consulting or specific and tailored training services to the client
 - e) If during an assignment I identify a situation in which I believe the impartiality of the certification audit would be compromised, I will inform proper MSECB authorities without any kind of delays
3. I understand that while performing a certification audit, I shall identify and report opportunities for improvement without providing any detailed diagnostic or provide any solutions assistance that would be perceive as assistance by any means in the implementation of an opportunity for improvement.

By signing the current policy, I certify that I have read, understood, and agreed to abide with all parts of the current document and that I will act diligently and with the outmost ethical standards to its requirements.

Signature

First and last name (printed)

Name of the company audited (auditee)

Date (yyyy/mm/dd): ____ / ____ / ____