



## Impartiality & Confidentiality Declaration

The nature of the business that the Certification Body offers to its customers brings it into contact with information that is confidential to its customers and its own operations. To maintain this confidentiality all actions of the Certification Body, its officers, its staff, its subcontractors and any representatives shall be conducted so as not to compromise this confidentiality.

This section shall be prepared separately by each member of audit team. (LA/A/TE/TA/OB)		Remark
I confirm that I have not provided any consulting, Internal audit or other services to or on behalf of Client during the 24 months period prior to the date hereof directly or indirectly.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I confirm that I will not during the 12 months period succeeding the last day on which I provide Registration Activities with respect to Client pursuant to the Agreement or any future agreement between QACS and me, directly or indirectly provide any consulting or other services (including, but not limited to Registration Activities) to or on behalf of Client.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I Confirm that I donot have any Financial interest in the client being audited.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I Confirm That non of my close relative is working in the organisation being audited	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I shall keep Confidential Information secret and confidential, and not disclose such Confidential Information to any person or entity except for QACS and, if applicable, a Contracted Registrar providing services to Client.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I shall deliver to QACS, or at QACS' direction to Client all materials and reports (including all copies) in my possession (including quality manuals, reports, computerized data contained in any form) upon receipt of a written letter from Client or QACS instructing me to return such materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

The Certification Body its officers, its staff, its subcontractors and any representatives shall sign this Confidentiality Statement as a demonstration of their understanding and acceptance of this policy.

I hereby confirm my acceptance of the above:

Auditor Signature

Acceptance from client:

Company Name:... \_\_\_\_\_

Clients Sign: .....

Dated: .....