

INDIVIDUAL CONFIDENTIALITY AGREEMENT

I undersigned _____, in my capacity as

(Name & First Name)

from

(Name of teaching /affiliation establishment)

undertake to maintain the strictest secrecy regarding all information provided to me relating to the
IRD project/activities concerning

(Name of the projet / description of activities)

of which I might become aware during my _____ planned from _____ to _____

I accept and acknowledge that all rights relating to the information disclosed to me and communicated by
the staff of the IRD research unit _____ or service
are reserved belong to the IRD and/or its partner organizations. (Name of Service)

Unless otherwise specified by the IRD, I undertake to return all originals and copies of any information
provided to me during the course of my _____ as soon as it is completed, and not to make
or keep any copies.

This commitment includes, but is not limited to, all information (including all information of a technical
nature or relating to experiments, and all data) relating to IRD's research, programs, processes, applications,
markets, products and, more generally, to IRD's activities. This information will remain strictly confidential, I
undertake to maintain absolute secrecy at all times and I will not reveal, divulge or transfer it to anyone.

This commitment will remain in force for five (5) years from the effective date of end of my
above.

Done in _____ on _____
(City) (date)

SIGNATURE preceded by "Read and approved"