Letter of Indemnity
Innovative Program

I ___________________________(Name), _______________(Matric number) hereby agree to keep confidential and will not at any time divulge to any person, nor use for my own or a third party’s benefit, any information acquired from this programme.

Confidential information for the purposes of this agreement includes, but is not limited to, business plans, strategies, financial information, documents marked “confidential” and all other information which will affect the programme’s competitive position.

I shall not, during the continuance of the programme except with the knowledge and consent of the person in charge, embark, engage or interest myself, whether for reward or gratuity, in any activity which would interfere with the performance of my duties or which, to my knowledge, would constitute a conflict of interest with the programme.

I shall:
(a) cooperate with NUS staff and accept the direct supervision and instruction of any responsible person in NUS who is directly or indirectly linked to this programme.
(b) not engage in any conduct detrimental to the interests of parties involved in this programme.
(c) take all reasonable steps to safeguard my own safety of any other person who may be present or affected by my actions during the course of the programme and comply with the health and safety policies in NUS.

For purposes of this agreement, trade secrets and confidential information shall not include any information:
(a) that is publicly available at the time of disclosure;
(b) that is or becomes generally known to the public through no fault of the recipient;
(c) that is obtained without restriction from an independent source having a bona fide right to use and disclose such information, without restriction as to further use or disclosure;
(d) that the disclosing party approves for unrestricted release by written authorization; or
(e) that is required to be disclosed by law, except to the extent eligible for special treatment under an appropriate protective order.

Name: …………………………………………. Date: …………………………….
____________________________________
Signature