

AGREEMENT FOR SECURITY OF CONFIDENTIAL PERSONAL PARTICULARS

1. This agreement is between

1.1 _____
(insert client name)
hereinafter referred to as the **Client** or the **Customer** AND

1.2 _____
(insert provider name)
hereinafter referred to as the **Service Provider** or the **Provider**.

SECTION 1, completed by the CLIENT

2. The Client and the Provider agree that this agreement commences upon the fixing their respective signatures to this agreement in the presence of a witness.
3. We the Client and the Provider claim that all claims herein made by us are true and correct and all undertakings herein given by us shall be honored pursuant to the terms of those undertakings as written in this agreement.
4. We the Client and the Provider agree that for the Provider to facilitate the provision of services to the client that:
 - 4.1 it shall be necessary from time to time for the client to provide his/her **personal details, confidential particulars** and **bodily samples** to the Provider, which personal details, confidential particulars and bodily samples and test results arising therefrom are hereinafter referred to as the clients **Confidential Personal Particulars** or CPP
 - 4.2 The Provider shall need to maintain and keep a record of said CPP with the Provider's notes in a **file** hereafter known as the **client's record** or **file**.
5. I, the **client**, claim that:
 - 5.1 My address for service of documents is:

 - 5.2 My other contact details are:
Ph _____ Mob _____
email _____
 - 5.3 And that I have entered into this agreement with my consent and of my own free will.
 - 5.4 A **first condition** of my becoming a client of the Provider is that the Provider shall not release my CPP or my **file**, to any other person or entity without my written or my recorded-verbal consent and that

my **CPP** and **file** is kept in a secure location that is not accessible to the general public.

6. I, the **client** undertake to be a client of the Provider as from time to time befits my needs on the condition that the Provider fulfils the **first condition**

SECTION 2, Completed by the PROVIDER

7. I, the **Provider** claim that:
 - 7.1 My address for service of documents is:

 - 7.2 My other contact details are:
Ph _____ Mob _____
email _____
 - 7.3 And that I have entered into this agreement with my consent and of my own free will.
8. I the **Provider** undertake:
 - 8.1 To provide services to the client as from time to time needed by the client
 - 8.2 To honor the first condition of this agreement and to not disclose the clients **CPP** and **file** to any person or entity without the written consent or recorded-verbal consent of the Client.
 - 8.3 To keep the client CPP and file in a secure location that is not accessible to the general public
 - 8.4 That in the event that a government entity or person is likely to take or otherwise get access to the client CPP or file by force or by any other means that I shall do anything that is reasonably necessary to stop this event from happening, including but not limited to the removal of the clients CPP and file from the premises to a safe location.

9. SECTION 3 Completed by the WITNESS

- 9.1 .I, _____
(insert witness name)
- 9.2 whose address for service of documents is:

_____ am the witness to this agreement.

10. SECTION 4, Signatures

The location wherein this agreement is made is:

- 10.1 Signature of Client _____ Date ____ / ____ / ____
- 10.2 Signature of Provider _____ Date ____ / ____ / ____
- 10.3 This agreement was made before me
- 10.4 Signature of Witness _____ Date ____ / ____ / ____
- 10.5 Seal of the witness (if available)