NEW ZEALAND DISPUTE RESOLUTION CENTRE
TE POKAPŪ MŌ TE WHAKATAU TAUTOHE O AOTEAROA

CONFIDENTIALITY AGREEMENT FOR NON-PARTIES

I have read and understand that I am bound by Rules 30.2 – 30.7 of the NZDRC Arb-Med Rules. I understand that by being involved in, or being privy to, NZDRC Arb-Med, I am bound by these Rules.

I understand that I am not to disclose any information obtained in the course of the Arb-Med proceeding, including the fact of the Arb-Med itself, except in accordance with Rules 30.4 – 30.7.

I understand that I owe all Parties, NZDRC, the Arbitral Tribunal, and any other non-parties involved in the Arb-Med proceeding a duty of confidence, and that failure to comply with this duty may result in legal consequences.

I understand that if I intend to make a disclosure of any Confidential Information, I must notify all persons listed in Rule 30.5.

Dated this day of (month) (year)

Signed: _____

Name: _____