Agreement of Understanding on Termination of Duty

1. I certify that, as of the undersigned date, I no longer possess any kinds of
official confidential matters belonging to (Government Agency).
2. I clearly acknowledged and was informed by security supervisor of
(Government Agency) concerning the protection of
confidential matters that I obtained, used to access, used on duty, or involved.
3. After termination of my duty as (Position), I remain protecting the
official confidential matters that I have obtained, used to access, used on duty or
involved. I would not reveal or leak any official confidential matters that I obtained
during my duty to any of unauthorized person.
4. I realize that in case of revealing or leaking out such official confidential
matters to unauthorized persons intentionally or carelessly, I might be prosecuted by
law(s).
5. In case of any attempt by unauthorized person to access or approach me
to reveal official confidential matters, I will duly report to authorities concerned.
Signature
(Owner of Record
Signature
(
Officer in Charge
Signature (Witness)
() (Date/Month/Year)
(Date/Month/Teal)