



Republic of the Philippines
CAVITE STATE UNIVERSITY
 Don Severino delas Alas Campus
 Indang, Cavite



KNOWLEDGE MANAGEMENT CENTER
 Knowledge and Technology Transfer Office

NON-DISCLOSURE AGREEMENT (NDA)

LICENSOR

LICENSEE

Institution/Company : CAVITE STATE UNIVERSITY _____
 Representative : _____
 Position : _____
 Contact No. : _____
 Email Address : _____

By signing this form, I hereby acknowledge and agree to the following terms and conditions:

1. "Confidential Information" shall mean any and all information, know-how and data, technical or non-technical, and information relating to the Intellectual Property/Intellectual Property Right (IP/IPR) provided by the licensor, business capability details provided by the licensee, and other information disclosed by parties, whether disclosed or provided in oral, written, graphic, photographic or any form.
2. Keep all information provided to me, and the institution I represent, with utmost confidentiality and will only be used for in relation to the negotiation of licensing the IP/IPR of the licensor;
3. Acknowledge that the information provided shall remain a property of the disclosing party, and shall not be disclosed, revealed or reproduced in any format (i.e. written, electronic, or oral), that relates or refers directly or indirectly, to anyone except the unless permitted by the representatives from the disclosing party;
4. I acknowledge that this NDA shall come into force upon signing and shall remain in force even if the licensing did not push through after the negotiation;
5. I acknowledge that Philippine laws shall govern this NDA;
6. I shall be held responsible for any improper disclosure of information; and
7. I agree that the Disclosing Party may take legal proceedings against me if I breach any of the undertakings set out above.

Signed on the _____ day of _____, year _____ at _____.

LICENSOR

LICENSEE

Representative's Signature Above Printed Name

Representative's Signature Above Printed Name

Position

Position

WITNESSES AND OTHER PARTICIPANTS

Participant's Signature Above Printed Name

Participant's Signature Above Printed Name

Position

Position

Participant's Signature Above Printed Name

Participant's Signature Above Printed Name

Position

Position

Research Center Building, CvSU, Indang, Cavite
 Email: kmc.cvsu@cvsu.edu.ph | Facebook Page: @CvSUKMC

Make every Knowledge Count.

