**Confidentiality Undertaking**

To: ESA via the telecom ARTES 4.0 programme website

We herewith declare that any information and data disclosed by the Agency with respect to this RFI, whether orally or in writing shall be considered to be of proprietary nature and therefore be treated strictly confidential.

Hereby we undertake as follows:

1. Not to copy or reproduce or permit the copying or reproduction of proprietary documents or other information or material which is not publicly available (together called “the Material”) obtained from the Agency other than for use in connection with the preparation of our proposal and execution of a contract in case of contract award, and we further undertake not to use nor provide nor disclose nor permit the use, provision or disclosure orally or otherwise, either directly or indirectly of any of the Material nor any copy, summary or extract thereof to any third party other than to:
	1. Other employees of our organisation assigned to carry out work in connection with the proposal work that have a need to know.
	2. The relevant staff of the Agency concerned with the RFI.
	3. Employees of other organisations participating in the proposal preparation who have agreed to this Confidentiality Undertaking.
2. Not to use nor to disclose nor communicate either directly or indirectly to any third party any other information whether written or oral acquired during the course of the Project, except with the prior written consent of the Agency.
3. Not to use, without the prior written consent of the Agency any of the Material except for the purposes of the proposal and/or further in case a contract was awarded to us.

Necessary access data shall be sent to the email address stated below.

Company . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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Phone No . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Email Address . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name of Contact Person . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Function of Contact Person . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . Signature: . . . . . . . . . . . . . . . . . . . . . .