Safety Standards Appeal Board
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Victoria, BC

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FORM 3 - CONFIDENTIALITY AGREEMENT - (Rule 24)

The information on this form is collected under the authority of the *Safety Standards Act* and will be used to process your appeal under the *Safety Standards Act* or the *Homeowner Protection Act*. If you have any questions about the collection and use of this information, contact the Registrar at the address shown above.

A. PARTY INFORMATION

Name of Party:

Contact Name: (if different)

Contact Address:

City: Province: Postal Code:

Telephone: ( ) Fax: ( ) E-mail:

Indicate preferred method of receiving correspondence: ❑ Mail ❑ Fax ❑ E-Mail

B. APPEAL NUMBER:

C. CONFIDENTIALITY AGREEMENT

I, _____, am an (employee, officer, employer, director etc.) of _____ (party).
Signature

OR

I, _____, am the representative, agent, counsel etc.) for _____(party).
Signature

I DECLARE THAT:

1. I have read the Rules of Practice and Procedure of the Safety Standards Appeal Board and all Orders of the Board that relate to this appeal.
2. I understand that the Orders of the Board may be filed with the BC Supreme Court. I further understand that any breach of the terms of the Orders could be the subject of contempt proceedings in the BC Supreme Court.

I UNDERTAKE THAT:

1. I will maintain the confidentiality of any information or evidence that I receive during the course of any settlement conference or mediation relating to an appeal before the Safety Standards Appeal Board and will not disclose any information or evidence that I receive during the course of that hearing.
2. I will not reproduce in any manner, without the prior written approval of the Board, any information or evidence that I receive during the course of any settlement conference or mediation, or any notes, transcripts or written submissions dealing with information received, evidence taken and submissions made in any settlement conference or mediation.
3. I will personally deliver to the [Registrar/designated official] at the end of any settlement conference or mediation all documents provided to me, including any transcript or written submissions.

D. AUTHORIZATION

_____ DATE _____
(Signature of Party, Representative, Agent or Counsel)