**FORM P5: DECLARATION OF SECRECY**

(GAO 3.1.17)

**Declaration to be signed by all public officers on appointment to the Tuvalu Public Service**

My attention has been drawn to the provisions of General Administrative Orders and in particular to the Chapters relating to Rules of Conduct and Discipline and am fully aware of the serious consequences which may follow any unauthorised disclosure of information or documents to which I may have or may have access in the course of my duties as an officer of the Tuvalu Public Service.

I understand that this disclosure covers any articles published in the press or in book form or through the medium of broadcasting and I am aware that I must not divulge any information gained by me as a result of my employment to any unauthorised person, orally or in writing without the previous sanction of my Secretary. I understand also that these provisions apply not only during the period of my employment but also after that employment has ceased.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_