**CONFIDENTIALITY UND**

**ERTAKING BY THE PROSPECTIVE RESOLUTION APPLICANT**

Date: [Insert Date]

To,  
The Committee of Creditors

Sambandh Finserve Private Limited

Under Corporate Insolvency Resolution Process

2nd Floor, Plot No-216, District Centre, Chandrasekharpur, Bhubaneswar-751016, Odisha.

**Subject: Undertaking to maintain confidentiality of information in compliance with Section 29(2) of the Insolvency and Bankruptcy Code, 2016**

Dear Sir/Madam,

I, [Name of Authorized Signatory], son/daughter of [Name], aged [Age], residing at [Address], acting in the capacity of [Designation] of [Name of Prospective Resolution Applicant] (hereinafter referred to as the “Resolution Applicant”), having its registered office at [Address], do hereby solemnly affirm, undertake, and state as follows:

1. **Confidentiality of Information**: The Resolution Applicant acknowledges that it may be granted access to sensitive and confidential information concerning Sambandh Finserve Private Limited, its operations, financials, assets, liabilities, and other material details as part of the Corporate Insolvency Resolution Process (CIRP) of Sambandh Finserve Private Limited.
2. **Non-Disclosure and Non-Use of Information**: The Resolution Applicant hereby undertakes to:
   * Maintain strict confidentiality of all such information accessed or received.
   * Not disclose, publish, or reveal any of the information to any third party, unless expressly authorized by the Committee of Creditors or the Resolution Professional, or as required under applicable law.
   * Ensure that the information is not used to cause any undue gain or undue loss to itself or any other person.
3. **Restriction on Usage**: The Resolution Applicant agrees that it shall use the information solely for the purpose of submission, evaluation, and, if applicable, implementation of the resolution plan in the CIRP of Sambandh Finserve Private Limited and for no other purpose whatsoever.
4. **Security Measures and Non-Misuse**: The Resolution Applicant shall take appropriate measures to secure the information against unauthorized access, misuse, or any other breach of confidentiality and undertakes to handle all information with the utmost care to prevent any leakage, misuse, or unauthorized access.
5. **Authorization and Acknowledgment**: The undersigned, [Name of Authorized Signatory], is duly authorized to execute this undertaking on behalf of the Resolution Applicant and agrees that any breach of this undertaking may result in legal and penal consequences as prescribed under the Insolvency and Bankruptcy Code, 2016, and applicable laws.

The Resolution Applicant confirms and acknowledges that this undertaking is essential for participation in the CIRP of Sambandh Finserve Private Limited and agrees to indemnify the Committee of Creditors and Resolution Professional for any losses or damages caused by any breach of this undertaking.

**IN WITNESS WHEREOF**, I have signed this undertaking on behalf of the Resolution Applicant as of the date written above.

[Signature]  
[Name of Authorized Signatory]

[Designation]  
[Name of Resolution Applicant]

[Address of Resolution Applicant]

[Contact Information]