



Name: _____
Membership _____
Number: _____
Email: _____
Date: _____

As part of my Officeholder duties, I hereby confirm that I have read, understood and agree to comply with the following NFU Officeholder Policies:

- [Confidentiality Agreement](#)
- [NFU Officeholder Code of Conduct](#)
- [Data Protection Policy and Guidance](#)
- [Anti-Corruption and Bribery Policy](#)
- [NFU Conflicts Policy](#)
- [IT Security Policy and Secure File Transfer Guide](#)
- [Personal Data Breach Incident Response Plan](#)
- [Control of Documents Procedure](#)

I understand that a failure to comply with the NFU Officeholder Policies will be treated as a breach of the Code of Conduct and may result in my removal from office.

Signed:

Dated:

Please return this form to your [Regional Director / Chief Adviser / Board Secretary]

