
	FORM	FOR-DIIS-039
	REQUEST FOR CHANGE OF SPONSOR U CONTRACT RESEARCH ORGANIZATION	Edition No. 01

*RNE code:
(Automatically generated during registration)
electronic in the REPEC)*

I. SPONSOR'S DATA		Foreign: <input type="checkbox"/> National: <input type="checkbox"/>	
1. NATURAL PERSON <input type="checkbox"/>			
Father's Surname:		Mother's Surname:	
Names:		DNI/ CE/ PAS:	
Email:		Telephone and extension:	
Legal Address: (District, Province and Department)			
2. LEGAL ENTITY <input type="checkbox"/>			
2.1. FOREIGN SPONSOR (Previously registered in the INS REPEC)			
Registered Name: (According to the Certificate of Incorporation of the company, business or organization or instrument equivalent in the country of origin).		Registered Trade Names: (From the company or organization).	
Commercial registration number:		Names and surnames of the legal representative: (Duly empowered to act as representative of this and grant powers in your name).	
Identity Document Number of the legal representative: (The document equivalent to the country of origin).		Position held in the organization:	
Email:		Telephone and extension:	
Legal address:		Zip code:	
2.1.1. REPRESENTATIVE OF THE FOREIGN SPONSOR IN PERU (Check one of the options)			
<input type="checkbox"/> SUBSIDIARY:	<input type="checkbox"/> BRANCH:	<input type="checkbox"/> OIC:	<input type="checkbox"/> OTHER: _____
RUC:		Company Name: (Data of your legal representative add them in numerals 2.3 and 2.4)	
Trade Name:		Telephone and extension:	
2.2. NATIONAL SPONSOR: (Previously registered in the INS REPEC)			
RUC:		Company Name: (Data of your legal representative added in numerals 2.3 and 2.4)	
Trade Name:		Telephone and extension:	
Email:			
2.3. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates): (If there is a person other than the legal representative as an attorney, he/she must have the special power which must expressly indicate the act(s) to be performed. which was conferred)			
Father's Surname:		Mother's Surname:	
Names:		DNI/ CE/ PAS:	
Power of attorney registered at the Office Registry - SUNARP: (Complete if you are from Lima or province)		Post:	


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Electronic record No.:		Seat No.:	
Resolution number that designates him: (Complete this item only if it is a public entity and detail the full name of the resolution)		Date: (Day, month and year)	
Email:		Telephone and extension:	
2.4. ADDRESS OF THE LEGAL REPRESENTATIVE: If you consider any additional information important, add it.			
Address:		District:	
Province:		Department:	
2.5. OTHERS: If you consider any additional information important, add it.			
TYPE OF INSTITUTION			

II. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL			
Clinical Trial Title: (Enter as shown in the REPEC)			
EC INS No.:		Policy Expiration Date Sure:	

III. INFORMATION REGARDING CHANGE OF SPONSOR OR CONTRACT RESEARCH ORGANIZATION (CRO)	
3.1. Change of Sponsor or OIC Information (Sponsors and OICs must be registered with the INS prior to the application)	
<input type="checkbox"/> For Sponsor • Registration Letter No. as Sponsor generated by the DIIS/INS (in charge of the study): • Registration Letter No. as Sponsor generated by the DIIS/INS (proposed to be in charge of the study): <input type="checkbox"/> For OIC • Registration Letter Number as Sponsor generated by the DIIS/INS (in charge of the study): • Registration Letter Number as Sponsor generated by the DIIS/INS (proposed to be in charge of the study):	
3.2. Justification of the reasons for the change of the Sponsor or OIC	
Attach document:	

4. REQUIREMENTS FOR SUBMITTING A CHANGE OF SPONSOR OR OIC	
a Request for change of sponsor or OIC justifying the reasons, which includes information from payment voucher No. ... dated ... (FOR-DIIS-039)	<input type="checkbox"/>
b Copy of delegation of functions of the foreign sponsor to the new OIC, issued no more than ninety (90) calendar days ago, duly apostilled, otherwise legalized by the Ministry of Foreign Affairs of Peru.	<input type="checkbox"/>
c Copy of the letter of acknowledgement from the CIEI that approved the study of having become aware of the new sponsor or of the new ICO.	<input type="checkbox"/>

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5. FIRMA

I declare that the information provided is true and I authorize the verification of the declaration in accordance with the "Principle of Presumption of Truthfulness" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Administrative Procedure Law General, approved by Supreme Decree 004-2019-JUS.

In token of conformity, I sign this document.

Date ____/____/____ - Time:

Name and signature

Legal Representative (item 2.3)

NOTE:

- All documents must be paginated, submitted to the National Institute of Health in a folder or filing cabinet and ordered according to the provisions of the requirements indicating the names of each of them using separators.