A STANDO		FOR-OGITT-039			
A DE LA DE L	U SP CONTF	Edition No. 02			
				RNE code:	
					ring electronic registration in REPEC)
I. SPONSOR D	ΑΤΑ				
		Foreign [National	
1. PERSON	NA NATURAL				
(Persona in	dividual)				
Last name:				Mother's last name:	
Names:				DAYS/CE:	
Email:				Telephone and annex:	
Legal Domicile: (District, province and de					
2. LEGAL F					
(Company,	Corporation or Organizatio	on)			
2.1. FOREIGN	SPONSOR				
Registered Nan				Tradenames	
(In accordance with the Cent of the company, company of instrument in the country of	r organization or the equivalen	t		(From the company or Organization)	
				Name and surname of	
Commercial registra	tion number:			the legal representative: (Duly empowered to act as its representative and grant powers in your name)	
Identity document n	umber of the legal			Position held in the	
representative: (The document equivaled of origin)	nt to the country			organization:	
Email:				Telephone and annex:	
Legal domicile:				Postal Code:	
2.1.1. REPRES	ENTATIVE OF T	HE FOREIGN SPON	SOR IN F	PERU	
	FILIAL	BRANCH		OIC	
				Business name:	
RUC:				(Add details of your legal	
				representative in paragraphs 2.3 and 2.4)	
Tradename:				Telephone and annex:	
2.2.NATIONAL (Previously registered in					
RUC:				Business name:	
Tradename:				Telephone and annex	
Email:					



FORM

U SPONSOR CHANGE REQUEST CONTRACT RESEARCH ORGANIZATION

23. LEGAL REPRESENTATIVE (For a accredited in the Resolution that designate person other than the legal representative as conferred)	es it): (If there is a		
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Power registered in the Office Registry – SUNARP: (Complete if you are from Lima or province)		Cargo:	
Power registered in electronic item No.:		Seat No.:	
Resolution No. designating it: (Complete this item only if you are a public entity and detail the full name of the resolution)		Date: (Day, month and year)	
Email:		1	1
2.4. ADDRESS OF THE LEGAL	REPRESENTATIVE		
Address:		District:	
Province:		Department:	
2.5. OTHERS			
If you consider any additional information important,	add it.		

II. GENERAL INFORMATION OF THE CLINICAL TRIAL			
Clinical Trial Title: (Enter as it appears in the REPEC)			
N° EC INS:			
Insurance Policy Expiration Date:			

III. INFORMATION REGARDING CHANGE OF SPONSOR OR CONTRACT RESEARCH ORGANIZATION (CRO)
3.1. Details of the change of Sponsor or OIC (Sponsors and OIC must be registered with the INS, prior to applying)
For Sponsor: • No. of registration document as Sponsor generated by the OGITT/INS (in charge of the study):
 No. of Registration document as Sponsor generated by the OGITT/INS (proposed to be in charge of the study):

and the second s	FORM FOR-OG	FOR-OGITT-039 Edition No. 02		
TRAID DE BURNE	U SPONSOR CHANGE REQUEST CONTRACT RESEARCH ORGANIZATION			
• No. of regist	ration document as OIC generated by the OGITT/INS (in charge of the study): ration document as OIC generated by the OGITT/INS (proposed to be in charge of the			
	f the reasons for the change of Sponsor or OIC			
IV.REQUIREMENT	TS TO SUBMIT A CHANGE OF SPONSOR OR OIC			
 to. Request to change sponsor or OIC justifying the reasons, which includes information of the payment voucher No				
c. Copy of the letter of knowledge from the CIEI that approved the study having taken knowledge of the new sponsor or the new ICO.				
V. FIRMA				
I declare that the in	formation provided is true and I authorize the verification of what was declared in accordance with the "Principle of	Presumption		
	aph 1.7 of article IV of the Preliminary Title of the Single Text No. 27444 - General Administrative Procedure Law, approved with Supreme Decree			
As a sign of agreer	nent, I sign this document.			
City,of	of 20			
	Name and signature Legal Representative (item 2.3)			