

	FORM	FOR-OGIT-042
	REQUEST FOR CANCELLATION OF THE CLINICAL TRIAL	Edition No. 02

RNE code: <i>(Automatically generated during electronic registration in REPEC)</i>			
1. SPONSOR INFORMATION		Foreign <input type="checkbox"/>	National <input type="checkbox"/>
1.1. PERSONA NATURAL <input type="checkbox"/>			
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Email:		Telephone and annex	
Legal domicile: <i>(District, Province and Department)</i>			
1.2. LEGAL PERSON <input type="checkbox"/>			
SPONSOR REPRESENTATIVE IN PERU <i>(Data of the representative who channels all communication with the INS OGITT during the execution of the study)</i>			
FILIAL <input type="checkbox"/>	BRANCH <input type="checkbox"/>	OIC <input type="checkbox"/>	OTHER: <input type="checkbox"/>
RUC:		Business name: <i>(Add details of your legal representative in sections 1.2.1 and 1.2.2)</i>	
Tradename:		Telephone and annex:	
1.2.1. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates it): <i>(If there is a person other than the legal representative as an attorney-in-fact, the person must have the special power, which must expressly indicate it or the acts for which it was conferred)</i>			
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Power registered in the Office Registry - SUNARP: <i>(Complete if you are from Lima or province)</i>		Cargo:	
Electronic item No.:		Seat No.:	
Resolution No. designating it: <i>(Complete this item only if you are a public entity and detail the full name of the resolution)</i>		Date: <i>(Day, month and year)</i>	
Email:		Telephone and annex:	
1.2.2. ADDRESS OF THE LEGAL REPRESENTATIVE			
Address:		District:	
Province:		Department:	

