

## FORM FOR-OGIT-043

## REQUEST FOR CHANGE OF TITLE OF THE CLINICAL TRIAL

Edition No. 02

	RNE code: (Automatically generated during electronic registration in REPEC)						
1. SPONSOR INFORMATION	Foreig		National				
1.1.PERSONA NATURAL							
Last name:		Mother's last name:					
Names:		DAYS/CE:					
Email:		Telephone and annex					
Legal domicile: (District, Province and Department)							
1.2. LEGAL PERSON							
SPONSOR REPRESENTATIVE IN PERU							
(Data of the representative who channels all communication with the INS OGITT during the execution of the study)							
FILIAL B	RANCH OIC	OTHER:					
RUC:		Business name:  (Add details of your legal representative in sections 1.2.1 and 1.2.2)					
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): (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)							
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:					
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:		Telephone and annex:					
1.2.2. ADDRESS OF THE LEGAL REPRESENTATIVE							
Address:		District:					

Date: 09/24/2019



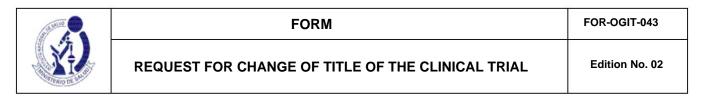
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Province:			Department:					
1.2.3. OTHERS  If you consider any additional information important, add it.								
II you conside	er arry additional infort	nation important, add it.						
		l l						
2. GENERAL INFORMATION OF THE CLINICAL TRIAL								
Clinical Trial Tit (Enter as it appears in								
N° EC INS:								
Expiration Date								
Insurance polic	y:							
3. INFORMATION REGARDING THE CHANGE OF CLINICAL TRIALS TITLE								
3.1 Justification of the reasons for changing the title of the clinical trial  If you consider any additional information important, you can attach it as an annex								
3.2 Title of the proposed Clinical trial:								
4. REQUIREMENTS FOR THE REQUEST FOR CHANGE OF CLINICAL TITLE TITLE								
to. Request	to Change the Title	of a Clinical Trial justifying the reas	ons, including					
information on payment receipt Nodated/(FOR-								
OGITT-(	043)							
b. Approval of the change of title of the clinical trial by a CIEI accredited by the INS.								
5. COMPANY								
I declare that the information provided is true and I authorize the verification of what was declared in accordance with the "Principle of Presumption of Truth" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Law of General Administrative Procedure, approved with Supreme Decree 004-2019-JUS.								
As a sign of agreement, I sign this document.								
City,of 20								
Nome and signature								
Name and signature								

Date: 09/24/2019



Legal Representative (section 1.2.1)

**NOTE:** All documents must be paged, presented to the National Institute of Health in a folder or filing cabinet and ordered according to what is established in the requirements, indicating the names of each of them using separators.

Date: 09/24/2019