

	FORM	FOR-DIIS-063
	AFFIDAVIT OF ABSENCE OF CONFLICT OF FINANCIAL INTEREST	Edition No. 01

1. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL

Clinical Trial Title: (Enter as it appears in the REPEC)	
INS Clinical Trial No.:	
N° of RCI	

2. CONTENT OF THE DECLARATION

They, _____, identified with DNI / CE Number _____, as sponsor/legal representative of the clinical trial sponsor and, _____ identified with DNI / CE Number _____, As Principal Investigator(s), we declare that there is no financial conflict of interest in the execution of the clinical trial indicated in the preceding section.

We make this sworn statement stating that the information provided is true and

I authorize the verification of the statements in accordance with the "Principle of Presumption of Truth" of section 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Procedural Law General Administrative, approved by Supreme Decree 004-2019-JUS.

3. COMPANY

In token of conformity, we sign this document.

City,.....of.....of 20...

Name and signature of the Sponsor

D.N.I / C.E.

Name and signature of the Principal Investigator

D.N.I / C.E.

(According to FOR-DIIS-028 numeral 2.3.)