

	<b>FORM</b>	<b>FOR-OGIT-063</b>
	<b>AFFIDAVIT OF NO CONFLICT OF CONFLICT FINANCIAL INTEREST</b>	<b>Edition No. 01</b>

### 1. GENERAL INFORMATION OF THE CLINICAL TRIAL

<b>Clinical Trial Title:</b> (Enter as it appears in the REPEC)	
<b>INS Clinical Trial No.:</b>	
<b>N° de RCI</b>	

### 2. CONTENT OF THE DECLARATION

they, \_\_\_\_\_, identified with DNI / CE No. \_\_\_\_\_,  
as sponsor/representative legal of the sponsor of the rehearsal clinical and,  
\_\_\_\_\_ identified with DNI / CE No. \_\_\_\_\_, as

Principal Investigator(s), we declare that there is no financial conflict of interest in the execution of the clinical trial noted in the preceding section.

We make this sworn statement stating 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 Procedure General Administrative, approved with Supreme Decree 004-2019-JUS.

### 3. COMPANY

As a sign of agreement we sign this document.

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

\_\_\_\_\_  
Name and signature of Sponsor

DAYS/CE

\_\_\_\_\_  
Name and signature of the Principal Investigator

DAYS/CE

(According to FOR-OGITT-028 section 2.3.)