

	<b>FORM</b>	<b>FOR-DIIS-020</b>
	<b>APPLICATION FOR SPONSOR REGISTRATION</b>	<b>Edition No. 01</b>

**Instructions:** Dear User, remember that the application must be completed through the electronic form available on the website of the Peruvian Registry of Clinical Trials (REPEC) available at: <http://ensayosclinicos-repec.ins.gob.pe> This application is made for the purpose of registering the sponsor as such in the REPEC.

**Request Code:**

(Temporary Sponsor Number for this registration, automatically generated by REPEC)

<b>1. ABOUT THE SPONSOR TO REGISTER</b>		<b>Foreign</b> <input type="checkbox"/>	<b>National</b> <input type="checkbox"/>
<b>1. NATURAL PERSON</b> <input type="checkbox"/> (Individual Person)			
Father's Surname:		Mother's Surname:	
Names:		Legal Representative's Identity Document Number: Example: DNI/CE/ Passport or equivalent document in the country of origin)	
Email:		Telephone and extension:	
Legal Address: (District, Province and Department)			
<b>2. LEGAL ENTITY</b> (Company, Corporation or Organization) <input type="checkbox"/>			
<b>2.1. FOREIGN SPONSOR</b> (Previously registered in the INS REPEC)			
Registered Name: (According to the Certificate of Incorporation of the company, business or organization or the equivalent instrument in the country of origin).		Registered Trade Names: (Of the company or organization).	
Commercial registration number:		Names and surnames of the legal representative: (Duly authorized to act as representative of this company and grant powers in its name).	
Legal representative's identity document number: (The document equivalent to the country of origin).		Position held in the organization:	
Email:		Telephone and extension:	
Legal address:		Zip code:	
<b>2.1.1. REPRESENTATIVE OF THE FOREIGN SPONSOR IN PERU</b> (Check one of the options)			
<input type="checkbox"/> SUBSIDIARY	<input type="checkbox"/> BRANCH	<input type="checkbox"/> OIC	<input type="checkbox"/> OTHER: .....
RUC:		Company Name: (add details of your legal representative in section 2.3).	
Trade Name:		Telephone and extension:	
<b>2.2. NATIONAL SPONSOR</b> (Previously registered in the INS REPEC)			
RUC:		Company Name: (Add details of your legal representative in section 2.3)	
Trade Name:		Telephone and extension:	
Email:			
<b>2.3. LEGAL REPRESENTATIVE</b> (For a company, accredited during the validity of the power of attorney / for a public entity, accredited in the Resolution that assigns it): (If there is a person other than the legal representative as an attorney, they must have the special power of attorney which must expressly indicate the act or acts for which it was conferred)			
Father's Surname:		Mother's Surname:	

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Names:		DNI/ CE/ PAS:	
Power of attorney registered at the Office Registry - SUNARP: (Complete if you are from Lima or province)		Post:	
Electronic record No.:		Seat No.:	
Resolution number that designates him: (Complete this item only if you are an entity public and detail the full name of the resolution)		Date: (Day, month and year)	
Email:		Telephone and extension:	
<b>2.4. LEGAL ADDRESS OF THE COMPANY:</b> If you consider any additional information important, add it.			
Address:		District:	
Province:		Department:	
<b>2.5. OTHERS:</b> If you consider any additional information important, add it.			
<b>TYPE OF INSTITUTION:</b>			

## 2. DOCUMENTS TO BE PRESENTED

- a Sponsor Registration Request. ☐
- b Simple copy of a document that proves the existence of your organization or institution (Example: Literal certificate of the registration of the legal entity issued by SUNARP, or the equivalent in your country of origin and whose corporate purpose must be related to "clinical research and technological development activities in health" ☐
- c Simple copy of the document containing the institutional objectives. ☐
- d Simple copy of the structural organization chart. (Organization structure) ☐
- e Simple copy of the functional organization chart. (Where the names of the authorities and positions they occupy are recorded) ☐
- f Simple copy of the nominal list of the Clinical Trials in which it has participated as a Sponsor. (If not available, please specify) which is a new sponsor in Clinical Trials ☐

**Note:**

- For documents issued in a language other than Spanish: • Attach the appropriate translation as indicated in numeral 49.1.2 of article 49 of the Consolidated Text - TUO of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-JUS:  
 "49.1.2 Simple translations with the indication and signature of the duly identified translator, instead of official translations."

## 3. FIRMA

I declare that the information provided is true and I authorize the verification of the declaration in accordance with the "Principle of Presumption of Truthfulness" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Administrative Procedure Law General, approved by Supreme Decree 004-2019-JUS.

Likewise, I declare that the attached documents comply with the requirements established in the Clinical Trials Regulation approved by DS N 021-2017-SA.

In token of conformity, I sign this document.

\_\_\_\_\_  
 Legal Representative  
 (Recorded in section 2.1.1)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ - Time: