

	FORM	FOR-OGIT-020
	SPONSOR REGISTRATION	Edition No. 02

Instructions: Dear User, remember that the application must be filled out 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 request is applied for the purpose of registering the sponsor as such in the REPEC.

Request code:

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

I. ABOUT THE SPONSOR TO REGISTER (Complete the information as appropriate)

 Foreign
 National
1. PERSONA NATURAL

(Persona Individual)

Last name:		Mother's last name:	
Names:		Document No. representative identity legal: (Example: DNI / CE / Passport, or equivalent document in the country of origin)	
Email:		Telephone and annex:	
Legal domicile: (District, Province and Department)			

2. LEGAL PERSON

(Company, Corporation or Organization)

2.1 FOREIGN SPONSOR

(Previously registered in the REPEC of the INS)

Registered Name: (Pursuant to the Certificate of Incorporation of the company, company or organization or the equivalent instrument in the country of origin).		Tradenames Registered: (From the company or Organization)	
Commercial registration number:		Name and surname of legal representative: (Duly empowered, to act as its representative and grant powers in your name)	
Identity document number of the legal representative: (Example: DNI / CE / Passport, or equivalent document in the country of origin)		Position held in the organization:	
Email:		Telephone and annex:	
Legal domicile:		Postal Code:	

2.1.1 REPRESENTATIVE OF THE FOREIGN SPONSOR IN PERU

(Check one of the options)

 FILIAL
 BRANCH
 OIC
 OTHER:

RUC:		Company Name: (Data of your legal representative add them in section 2.3)	
Tradename:		Telephone and annex:	

2.2 NATIONAL SPONSOR

(Previously registered in the REPEC of the INS)

RUC:		Business name: (Data of your legal representative add them in section 2.3)	
Tradename:		Telephone and annex:	
Email:			

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2.3 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, they must have the special power which must expressly indicate the acts for which it was conferred)</i>			
Last name:		Mother's last name:	
Names:		Document No. representative identity legal: <i>(Example: DNI / CE / Passport)</i>	
Power registered in the Registry Office - 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 it is an entity public and detail the full name of the resolution)</i>		Date: <i>(Day, month and year)</i>	
Email:		Telephone and annex:	
2.4 LEGAL ADDRESS OF THE COMPANY <i>(Precise Address AV. / STREET / JIRON / PSJE / No / DPTO / MZA / LOT / URB)</i>			
Address:		District:	
Province:		Department:	
2.5 OTHERS <i>(If you consider any additional information important, add it)</i>			
3. TYPE OF INSTITUTION			
II. DOCUMENTS TO PRESENT			
1. Sponsor Registration Request.			
2. Simple copy of a document that demonstrates the existence of your organization or institution. <i>(Example: Literal certificate of registration of the legal entity issued by SUNARP, or the equivalent in its country of origin and whose corporate purpose must be related to "clinical research activities and technological development in health")</i>			
3. Simple copy of the document that contains the institutional objectives.			
4. Simple copy of the structural organization chart. <i>(Structure of the organization)</i>			
5. Simple copy of the functional organization chart. <i>(Where the names of the authorities and positions they occupy are recorded)</i>			
6. Simple copy of the nominal list of the Clinical Trials in which you have participated as a Sponsor. <i>(If not counted, specify that it is a new sponsor in Clinical Trials)</i>			
For documents issued in a language other than Spanish: <ul style="list-style-type: none"> • Attach the proper translation as indicated in paragraph 49.1.2 of article 49 of the Single Ordered Text – TUO of Law No. 27444 - Law of General Administrative Procedure, approved with Supreme Decree 004-2019-JUS: "49.1.2 Translations simple with the indication and subscription of the duly identified translator, instead of official translations." 			

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III. firm

Likewise, I declare that I comply with the designation of Sponsor and assume the responsibilities inherent to said activity, in accordance with the provisions of the Clinical Trials Regulations approved by Supreme Decree No. 021-2017-SA.

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 TUO of Law No. 27444 Law of General Administrative Procedure.

As a sign of agreement, I sign this document.

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

Name and signature
Legal representative
(signed by the person accredited in
section 2.3)

NOTE: You must also attach the documents indicated in section II, duly numbered, and present them in a folder ordering them according to what is established in the requirements, indicating the names of each of them using separators in order to differentiate them.