

	FORM	FOR-DIIS-040
	REQUEST FOR CLOSURE OF A CENTER RESEARCH FOR A CLINICAL TRIAL	Edition No. 01

RNE Code:
(Automatically generated during registration)
electronic in the REPEC)

I. SPONSOR'S DATA

Foreign: ☐National: ☐

1. PERSONA NATURAL ☐

Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	
Email:		Telephone and extension:	
Legal Address: (District, Province and Department)			

2. LEGAL ENTITY ☐

2.1. FOREIGN SPONSOR
(Previously registered in the INS REPEC)

Registered Name: (According to the Certificate of Incorporation of the company, business or organization or instrument equivalent in the country of origin).		Registered Trade Names: (From the company or organization).	
Commercial registration number:		Names and surnames of the legal representative: (Duly empowered to act as representative of this and grant powers in your name).	
Identity Document Number of the legal representative: (The document equivalent to the country of origin).		Position held in the organization:	
Email:		Telephone and extension:	
Legal domicile:		Postal code:	

2.1.1. REPRESENTATIVE OF THE FOREIGN SPONSOR IN PERU (Check one of the options)

<input type="checkbox"/> FILIAL:	<input type="checkbox"/> BRANCH:	<input type="checkbox"/> OIC:	<input type="checkbox"/> OTHER: _____
RUC:		Company Name: (Data of your legal representative add them in numerals 2.3 and 2.4)	
Trade Name:		Telephone and extension:	

2.2. NATIONAL SPONSOR:
(Previously registered in the INS REPEC)

RUC:		Company Name: (Data of your legal representative added in numerals 2.3 and 2.4)	
Trade Name:		Telephone and extension:	
Email:			

2.3. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates):
(If there is a person other than the legal representative as an attorney, he/she must have the special power which must expressly indicate the act(s) to be performed. which was conferred)

Father's Surname:		Mother's Surname:	
Names:		DNI/CE/PAS:	
Power of attorney registered at the Office Registry - SUNARP: (Complete if you are from Lima or province)		Cargo:	

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Electronic record No.:		Seat No.:	
Resolution number that designates him: <i>(Complete this item only if you are an entity public and detail the full name of the resolution)</i>		Date: <i>(Day, month and year)</i>	
Email:		Telephone and extension:	

2.4. ADDRESS OF THE LEGAL REPRESENTATIVE:*If you consider any additional information important, add it.*

Address:		District:	
Province:		Department:	

2.5. OTHERS:*If you consider any additional information important, add it.***TYPE OF INSTITUTION****II. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL**

Clinical Trial Title: <i>(Enter as shown in the REPEC)</i>			
N° EC INS:		Policy Expiration Date Insurance:	

III. REASON FOR REQUESTING CLOSURE OF THE RESEARCH CENTER FOR THE CLINICAL TRIAL*If you consider any additional information important, you can attach it as an annex.*

The document was attached:	

IV. INFORMATION REGARDING THE CLOSURE OF THE RESEARCH CENTER

Research Institution	Research Center Name - RCI	Principal Investigator

V. REQUIREMENTS FOR REQUESTING THE CLOSURE OF A RESEARCH CENTER FOR A CLINICAL TRIAL

a Request for closure of research center justifying the reasons for closure (FOR-DIIS-040).	<input type="checkbox"/>
b Final report from the research center, including all data obtained up to the time of closure.	<input type="checkbox"/>

VI. FIRMA

<p>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.</p> <p>In token of conformity, I sign this document.</p> <p>Date ____/____/____ - Time:</p> <p style="text-align: center;">_____ Name and signature Legal Representative (item 2.3)</p>

USE:

- All documents must be paginated, submitted to the National Institute of Health in a folder or filing cabinet and ordered according to the provisions of the requirements indicating the names of each of them using separators