

	<b>FORM</b>	<b>FOR-DIIS-029</b>
	<b>AFFIDAVIT OF THE SPONSOR OF WHAT ACCOUNTS WITH A FINANCIAL FUND</b>	<b>Edition No. 01</b>

**1. GENERAL INFORMATION ABOUT THE CLINICAL TRIAL**

<b>Clinical Trial Title:</b> (Enter as it appears in the REPEC)	
<b>INS Clinical Trial No.:</b>	
<b>Total Duration of the Clinical Trial:</b>	
<b>Number of subjects to be enrolled in the country:</b>	

**2. CONTENT OF THE DECLARATION**

They, \_\_\_\_\_, identified with DNI / CE Number \_\_\_\_\_, as a sponsor / legal representative of the sponsor of the clinical trial, I declare that I have sufficient financial funds that immediately guarantee free care and treatment for the research subject, should he or she suffer any adverse event as long as the insurance policy is activated, as a result of the clinical trial.

The amount allocated for this purpose amounts to S/..... Soles.

I 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 Consolidated Text of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-JUS.

**3. COMPANY**

In token of conformity, I sign this document.

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

\_\_\_\_\_  
Name and  
signature DNI / CE

\_\_\_\_\_  
Legal Representative  
(According to FOR-DIIS-028 numeral 2.3)