

	FORM	FOR-OGITT-029
	AFFIDAVIT FROM THE SPONSOR WHAT HE ACCOUNTS FOR WITH A FINANCIAL FUND	Edition No. 03

1. GENERAL INFORMATION OF THE CLINICAL TRIAL	
Clinical Trial Title: <i>(Enter as it appears in the REPEC)</i>	
INS Clinical Trial No.:	
Total Duration of the Clinical Trial:	
Number of subjects to enroll in the country:	

2.CONTENT OF THE DECLARATION
<p>they, _____, identified with DNI / CE No. _____, as sponsor / legal representative of the sponsor of the clinical trial, I declare that I have sufficient financial funds to immediately guarantee free care and treatment of the research subject, in case he or she suffers any adverse event as long as the activation of the insurance policy occurs, as a consequence of the clinical trial. He amount allocated for this purpose amounts to S/..... Soles.</p> <p>I 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 paragraph 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - General Administrative Procedure Law, approved with Supreme Decree 004-2019-JUS.</p>

3. COMPANY
<p>As a sign of agreement, I sign this document.</p> <p>City,.....of.....of 20...</p> <p style="text-align: center;">_____ Name and signature DAYS/CE</p> <p style="text-align: center;">Legal Representative (According to FOR-OGITT-028 section 2.3)</p>