



PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

SUBMISSION DECLARATION FORM

DECLARATION BY APPLICANT

I/We, the undersigned have submitted all requested and required documentation, and have disclosed all information which may influence the approval of this application.

I/We, the undersigned, hereby declare that all information contained in, or referenced by, this application is complete and accurate and is not false or misleading.

I/We, the undersigned, agree to ensure that if the above-said clinical trial is approved, it will be conducted according to the submitted protocol and all applicable legal, ethical and regulatory requirements.

Name

Signature

Date

Name

Signature

Date