



PHARMACOVIGILANCE AND CLINICAL TRIALS DIVISION

**JOINT DECLARATION BY SPONSOR AND PRINCIPAL INVESTIGATOR
CONCERNING SUFFICIENT FUNDS TO COMPLETE STUDY**

Title:

Protocol: _____

I, _____ <full name> _____ representing _____ <sponsor or representative> _____
and I, _____ <full name> _____, Principal Investigator hereby declare that
sufficient funds have been made available to complete the above-identified study.

Signed
SPONSOR
(Name)
(Address)
(Contact details)

Date

Signed
PRINCIPAL INVESTIGATOR
(Name)
(Address)
(Contact details)

Date