



**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

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Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date