Title of the clinical trial:………………………………………………………………………

Number of the clinical trial protocol:………………………………………………………

I, ………………………………………………………………………………(Sponsor)

and

I, ………………………………………………………………………, (principal investigator)

hereby declare that the funds available for the clinical trial are sufficient for the clinical trial.

|  |  |
| --- | --- |
| *Signed…………………………………………………..*  **SPONSOR**  Name…………………………………...  Address………………………………...  Contact details………………………… | *Date* |
| *Signed…………………………………………………..* | *Date* |

# PRINCIPAL INVESTIGATOR

Name;…………………………………..

Address…………………………………

Contact details………………………….