



DECLARATION OF SUFFICIENT FUNDS

MCA-F-501/05

Name of Sponsor	
Name of funding body (if different from sponsor)	
Name of representative of sponsor or funding body	
Name of the Principal Investigator	
Title of the trial:	
Protocol No:	
Date of application	

I, <full name>, representing <sponsor or funding body>

hereby declare that sufficient funds have been made available to complete the above identified trial.

.....
Signature of Representative

.....
Date

Address:

Contact details:

.....
Signature of Principal Investigator

.....
Date