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| **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** |  |

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| --- |
| 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 |