Date: ……………………………………….

Company name ………………a company operating under the laws of ………. located at:

Physical address ……………………………………………………………………………

Tel No: ……………………………………………………………………………………...

Fax No: ………………………………………………………………………………………..

E-mail address:………………………………………………………………………………

# Company in Uganda

Name …………………………………………………………………………………………..

Physical address ……………………………………………………………………………

Tel No: …………………………………………… Fax No: …………………………………

E-mail address:………………………………………………………………………………..

To represent us in Uganda for the application authorization to conduct a clinical trial for

Protocol No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

…………………………………………………... (name and address of local company) is authorized to be the agent of the holder of the patent of the drug or licensed person or manufacturer of the drug in the clinical trial and is to be responsible for all matters pertaining to the clinical Trial certificate.

………………………………………

*Authorised name and signature*