

I. SIGNATURE OF THE APPLICANT IN THE MEMBER STATE

I.1	I hereby confirm that /confirm on behalf of the sponsor (delete which is not applicable) that: <ul style="list-style-type: none">• the information provided is complete;• the attached documents contain an accurate account of the information available;• the clinical trial will be conducted in accordance with the protocol; and• the clinical trial will be conducted, and SUSARs and result-related information will be reported, in accordance with the applicable legislation.
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I.2	APPLICANT OF THE REQUEST FOR THE COMPETENT AUTHORITY (as stated in section C.1):
I.2.1	Date: 25 AUG 2016
I.2.2	Signature ³¹ : 
I.2.3	Print name: T. VERSCHOORE

I.3	APPLICANT OF THE REQUEST FOR THE ETHICS COMMITTEE (as stated in section C.2):
I.3.1	Date:
I.3.2	Signature ³² :
I.3.3	Print name: