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| **Template** | | |
| **Application fee reduction selfdeclaration** | | |
| **Identification number:** | BW610\_10\_030 |
| **Version:** | 1.0 |
| **Valid from:** | 01.07.2024 |

*TO BE FILLED OUT BY A MEMBER OF THE UPPER MANAGEMENT OF THE HOSPITAL / INSTITUTION / RESEARCH GROUP APPLYING FOR A CLINICAL TRIAL*

**Contact details:**

|  |  |
| --- | --- |
| First name / last name: |  |
| Street / no.: |  |
| Postcode / City |  |
| Country |  |

**Clinical trial details:**

|  |  |
| --- | --- |
| Trial title |  |
| Trial code: |  |
| *If known:*  Swissmedic reference number / Case-ID: |  |

To whom it may concern,

In my role as *ROLE OF MEMBER OF THE UPPER MANAGEMENT* of *HOSPITAL / INSTITUTION / RESEARCH GROUP APPLYING FOR CLINICAL TRIAL,* I hereby confirm that *NAME OF SPONSOR* has not received any financial support for the conduct of the above-mentioned clinical trial (or parts thereof) from commercial "for profit" sources. This also includes support by means of the provision of medicinal products, medical devices, accessories of medical devices, personal protective equipment or other infrastructure necessary for the trial.

Sincerely,

*DIGITAL SIGNATURE UPPER MANAGEMENT\**

*\*Unterschrift(en) der für die Gesellschaft zeichnungsberechtigten Person(en) (Prokura), (Art. 459 Abs. 1 OR)*

*\*Unterschrift einer/s Handlungsbevollmächtigten, (Art. 462 Abs. 1 OR)*

Change history

| **Version** | **Change** | **sig** |
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