

Form for Declaration of Interests

To : Administrator, MS REGISTER

I hereby declare that :

☐ I am a doctor and I help Multiple Sclerosis Patients.

☐ I currently work for :

I also acknowledge that I will use the web application “MSREGISTRY” only with legal ways.

Signature : _____

Name : _____

Date : _____

Note :

(a) Please put a “√” in the appropriate box