

**JCM Application Form for Designation as a TPE**

|   |  |                                 |
|---|--|---------------------------------|
| Name of entity                            |  |                                 |
| Central office                            |  |                                 |
|   | Physical address   |                                 |
|   | Postal address (if different from above)   |                                 |
|   | Contact details  | Telephone:<br>Mobile:<br>Email: |
| Office in Japan, if applicable            |  |                                 |
|   | Physical address   |                                 |
|   | Postal address (if different from above)   |                                 |
|   | Contact details  | Telephone:<br>Mobile:<br>Email: |
| Office in the host country, if applicable |  |                                 |
|   | Physical address   |                                 |
|   | Postal address (if different from above)   |                                 |
|   | Contact details  | Telephone:<br>Mobile:<br>Email: |
| Application condition                     | Check as appropriate<br><input type="checkbox"/> Accredited under ISO 14065 by an accreditation body that is a member of the International Accreditation Forum based on ISO 14064-2.<br>Sectoral scope(s) for validation<br>Sectoral scope(s) for verification<br><br><input type="checkbox"/> A Designated Operational Entity (DOE) or an operational entity accredited by the Executive Board under the Clean Development Mechanism (CDM).<br>Sectoral scope(s) for validation<br>Sectoral scope(s) for verification |                                 |
| Sectoral scope (s) applied for            | Validation   |                                 |
|   | (Explanation for selecting the scope(s))   |                                 |
|   | Verification   |                                 |
|   | (Explanation for selecting the scope(s))   |                                 |

|  |   |
|--|---|
| Type of application  | Check as appropriate<br><input type="checkbox"/> Initial designation<br><input type="checkbox"/> Addition of sectoral scopes<br><input type="checkbox"/> Reinstatement of designation |
| I declare that the information given in this application is correct to the best of my knowledge and belief. I conduct to inform the secretariat immediately of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to the secretariat in line with the procedures for designation. |   |
| On behalf of the entity, I declare that the all applicable JCM rules and guidelines are understood.  |   |
| Name   |   |
| Position (state position if other than CEO)  |   |
| Date   |   |
| Signature  |   |