

### JCM Approved Methodology Revision Request Form

|   |   |                          |
|---|---|--------------------------|
| List of documents to be attached to this form:<br><i>(Please check)</i>   | Proposed revised methodology, highlighting all proposed changes to the approved methodology | <input type="checkbox"/> |
|   | Draft PDD   | <input type="checkbox"/> |
|   | Additional information<br>(Optional: please specify )                                       | <input type="checkbox"/> |
| Exact reference (number, title and version) of the methodology to which the request for revision applies:   |   |                          |
| Name of the proponent submitting this form:   |   |                          |
| Summary of the proposed revisions:<br><i>(Please state the summary of your proposed revisions in approximately 300 words)</i>   |   |                          |
| Contact Information:<br><i>(E-mail addresses and phone contacts for possible dialogue on the submission)</i>  |   |                          |
| Date (DD/MM/YYYY) and signature for the proponent:  | dd/mm/yyyy  |                          |
| Please provide reasons for requesting revisions to the methodology. If the request for revision is related to a project under development or implementation, please describe the context in which they arose: |   |                          |