

JCM Project Withdrawal Request Form

Reference number:	
Title of the project:	
Third-party entity (TPE):	
Reasons for requesting withdrawal of the project:	

Name of the focal point entity:			
Authorised signatory:	Mr. ☐	Ms. ☐	
Last name:	First name:		
Title:			
Specimen signature:		Date: dd/mm/yyyy	

[Signature by the focal point of the project participants as appeared on the MoC]

*Tables should be added, if more than one focal point are designated.