

### JCM Post-Registration Changes Request Form

|   |   |                          |
|---|---|--------------------------|
| List of documents to be attached to this form:<br><i>(Please check)</i>   | Revised PDD   | <input type="checkbox"/> |
|   | Additional information<br>(Optional: please specify.....) | <input type="checkbox"/> |
| Reference number:   |   |                          |
| Title of the project:   |   |                          |
| The third-party entity which identified changes during verification, if applicable:                                       |   |                          |
| Summary of the proposed changes:<br><i>(Please state the summary of your proposed changes in approximately 300 words)</i> |   |                          |
| Justification that the proposed changes would not prevent the use of the applied methodology                              |   |                          |

|  |   |                         |
|--|---|-------------------------|
| <b>Name of the focal point entity:</b> |   |                         |
| <b>Authorised signatory:</b>           | <del>Mr.</del> <input type="checkbox"/> <del>Ms.</del> <input type="checkbox"/> |                         |
| <b>Last name:</b>                      | <b>First name:</b>  |                         |
| <b>Title:</b>                          |   |                         |
| <b>Specimen signature:</b>             |   | <b>Date:</b> 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.