**JCM Project Withdrawal Request Form**

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| --- | --- |
| 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.