

JCM Approved Methodology Revision Request Form

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| List of documents to be attached to this form: <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 (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: <i>(Please state the summary of your proposed revisions in approximately 300 words)</i> | | |
| Contact Information: <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: | | |