

JCM Post-Registration Changes Request Form

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|---|---|--------------------------|
| List of documents to be attached to this form: <i>(Please check)</i> | Revised PDD | <input type="checkbox"/> |
| | Additional information (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: <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 | | |

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|--|--|-------------------------------------|-------------------------------------|
| Name of the focal point entity: | | | |
| Authorised signatory: | | Mr. <input type="checkbox"/> | Ms. <input type="checkbox"/> |
| 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]