

**JCM Project Withdrawal Request Form**

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

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