

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: | |

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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]