

JCM Registration Request Withdrawal Form

Type of withdrawal:	<input type="checkbox"/> (a) The project participants voluntarily wish to withdraw a request for registration <input type="checkbox"/> (b) The TPE has revised its validation opinion based on new insights or information and has notified it to the project participants
List of documents to be attached to this form: <i>(Please check)</i>	Revised validation report, if type of withdrawal is (b) <input type="checkbox"/>
	Additional information (Optional: please specify) <input type="checkbox"/>
Reference number:	
Title of the project:	
Date of initial request for registration submission:	dd/mm/yyyy
Third-party entity (TPE) validated the project for which the request was made:	
Reasons for requesting withdrawal of the registration of request:	

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]