

JCM Post-Registration Changes Request Form

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		

Name of the focal point entity (1):			
Authorised signatory:		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last name:		First name:	
Title:			
Specimen signature:		Date: dd/mm/yyyy	
Name of the focal point entity (2):			
Authorised signatory:		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last name:		First name:	
Title:			
Specimen signature:		Date: dd/mm/yyyy	

[Signatures by the focal points of the project participants as appeared on the MoC]