JCM Application Form for Designation as a Third-Party Entity

Name of entit	-	
Central office		
	Physical address	
	Postal address (if different from above)	
	Contact details	Telephone: Mobile: Email:
Office in Japa	an, if applicable	
1	Physical address	
	Postal address (if different from above)	
	Contact details	Telephone: Mobile: Email:
Office in the	host country, if applicable	
	Physical address	
	Postal address (if different from above)	
	Contact details	Telephone: Mobile: Email:
Application condition		SO 14065 by an accreditation body that is a member of the tation Forum based on ISO 14064-2.
		ational Entity (DOE) or an operational entity accredited by the er the Clean Development Mechanism (CDM).
Sectoral	Validation	
scope (s) applied for	(Explanation for selecting the scope(s))	
	Verification (Explanation for selecting the scope(s))	
Type of application	Check as appropriate Initial designation Addition of sectoral s	scopes

Reinstatement of designati	ion		
I declare that the information given in this application is correct to the best of my knowledge and belief.			
I conduct to inform the secretariat immediately of any changes with respect to the application and accept			
full responsibility for any costs incurred as a result of any changes not reported to the secretariat in line			
with the procedures for designation.			
On behalf of the entity, I declare that the all applicable JCM rules and guidelines are understood.			
Name			
Position (state position if other than CEO)			
Date			
Signature			
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