JCM Application Form for Designation as a Third-Party Entity

Name of ent	ity	
Central offic	e	
	Physical address	
	Postal address (if	
	Postal address (if different from above)	
	Contact details	Telephone:
	Contact details	Mobile:
		Email:
Office in Jar	pan, if applicable	Eman.
911100 III 00 ₁ p	Physical address	
	<i>j</i>	
	Postal address (if	
	different from above)	
	Contact details	Telephone:
		Mobile:
		Email:
Office in the	host country, if applicable	2
	Physical address	
	D + 1 11 (**)	
	Postal address (if	
	different from above)	T-11
	Contact details	Telephone: Mobile:
		Email:
Application	Check as appropriate	Ellian.
condition	International Accredit Sectoral scope(s) for validation Sectoral scope(s) for verification A Designated Opera Executive Board under Sectoral scope(s) for validation	SO 14065 by an accreditation body that is a member of the ration Forum based on ISO 14064-2. attional Entity (DOE) or an operational entity accredited by the er the Clean Development Mechanism (CDM).
	Sectoral scope(s) for verification	
Sectoral	Validation	
scope (s)		
applied for	(Explanation for	
	selecting the scope(s))	
	Verification	
	(Explanation for	
	selecting the scope(s))	
Type of	Check as appropriate	
application	Initial designation	
	Addition of sectoral s	scopes
		1

Reinstatement of designati	on
I declare that the information given in this a	application is correct to the best of my knowledge and belief.
I conduct to inform the secretariat immedia	tely 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.	
Name	
Position (state position if other than CEO)	
Date	
Signature	
_	