JCM Application Form for Designation as a Third-Party Entity

Name of entit			
Central office	2		
	Physical address		
	Postal address (if different from above)		
	Contact details	Telephone: Mobile: Email:	
Office in Iana	an, if applicable	Ziiwii.	
	Physical address		
	Postal address (if		
	different from above) Contact details	Telephone: Mobile:	
		Email:	
	host country, if applicable Physical address		
	Postal address (if different from above)		
	Contact details	Telephone: Mobile: Email:	
condition	Check as appropriate Accredited under ISO 14065 by an accreditation body that is a member of the International Accreditation Forum based on ISO 14064-2. Sectoral scope(s) for validation Sectoral scope(s) for verification A Designated Operational Entity (DOE) or an operational entity accredited by the Executive Board under the Clean Development Mechanism (CDM). Sectoral scope(s) for validation Sectoral scope(s) for verification		
Sectoral	Validation		
	(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	copes	

Reinstatement of designation			
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 guidance and guidelines are understood.			
Name			
Position (state position if other than CEO)			
Date			
Signature			