

**JCM Project Withdrawal Request Form**

|   |  |
|---|--|
| Reference number:                                 |  |
| Title of the project:                             |  |
| Third-party entity (TPE):                         |  |
| Reasons for requesting withdrawal of the project: |  |

|  |  |                         |
|--|--|-------------------------|
| <b>Name of the focal point entity:</b> |  |                         |
| <b>Authorised signatory:</b>           |  |                         |
| <b>Last name:</b>                      |  | <b>First name:</b>      |
| <b>Title:</b>                          |  |                         |
| <b>Specimen signature:</b>             |  | <b>Date:</b> dd/mm/yyyy |

[Signature by the focal point of the project participants as appeared on the MoC]

\*Tables should be added, if more than one focal point are designated.