**JCM Application Form for Third-Party Entity**

|  |  |  |
| --- | --- | --- |
| Name of entity | |  |
| Central office | | |
|  | Physical address |  |
|  | Postal address (if different from above) |  |
|  | Contact details | Telephone:  Mobile:  Email: |
| Office in Japan, if applicable | | |
|  | 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 | 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 scope (s) applied for | 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 scopes  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 all the applicable JCM rules and guidelines are understood.   |  |  | | --- | --- | | Name |  | | Position (state position if other than CEO) |  | | Date |  | | Signature |  | | | |