**Request Form for Credit Cancellation**

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| Name of entity: |  | |
| Account Number: | ID-JCM-ACC- | |
| ID project number: | ID | |
| Amount of credit to be cancelled (in tCO2): |  | |
| Reason of cancellation: |  | |
| Name of the focal point\* | | |
| Last Name: | | First Name: |
| Signature: | | Date (dd/mm/yyyy): |

**\***Request form should be signed by the representative of the account holder