**Request Form for Credit Transfer**

|  |  |  |
| --- | --- | --- |
| **Origin of Credits to be Transferred** | | |
| Name of entity: |  | |
| Account Number: | ID-JCM-ACC- | |
| ID project number: | ID | |
| Amount of credit to be retired (in tCO2): |  | |
| Reason of transfer: |  | |
| 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

|  |  |
| --- | --- |
| **Recipients of Credits to be Transferred** | |
| Name of entity: |  |
| Account Number: | ID-JCM-ACC- |