**JCM Project Withdrawal Request Form**

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

|  |  |  |
| --- | --- | --- |
| Name of the focal point entity: |  | |
| Authorised signatory: | | **Mr.**  **Ms.** |
| **Last name:** | | **First name:** |
| Title: | | |
| **Specimen signature:** **Date:** 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.