**[Document No. 4-8] KCCI Certified Reduction Verification Report**

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| **KCCI Certified Reduction Verification Report** |

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| Project | Project name | |  |
| Applied methodology | |  |
| Report version | |  |
| Monitoring period (round) | |  |
| Verification target company | Company name | |  |
| CEO | |  |
| Corporate Registration Number | |  |
| Address | |  |
| Person in charge | Name |  |
| Dept. |  |
| Tel. |  |
| E-mail |  |
| 3rd Party Auditor | Auditor name | |  |
| Registration number | |  |
| CEO | |  |
| Address | |  |
| Verification field | |  |
| Verification team | Verification auditor | |  |
| Assistant verification auditor | |  |
| Technological expert | |  |

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| 1 | Project KCCI Certified Reduction Facility Information |

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| Serial no. | Facility name | Project KCCI Certified Reduction Facility Information | | | | | Verification Information | | | | |
| Address | CEO | Person in charge | | | Verification method | | Verification period | 3rd party auditor | Verification auditor  (Field of expertise) |
| Dept. name | Name | Tel. | Document review | On-site verification | (Month) (Date) ~(Month) (Date), (Year) |
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| 2 | Verification Details |

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| □ Evaluation of changes after project registration | | | |
| Conservatively judge the result of a temporary change from the project plan document and applied methodology, simple modification, permanent change to the project plan document, or project plan change and describe the details. | | | |
| Serial no. | Facility name | Details | Auditor |
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| □ Implementation of the Project according to the Project Plan | | | |
| Check whether the on-site activities are carried out as in the project plan and describe the results.  In case of partial changes to the on-site activities, determine whether the project plan has been changed, check whether such changes comply with the requirements of the relevant laws and regulations, and describe the results. | | | |
| Serial no. | Serial no. | Details | Auditor |
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| □ Compliance of Project Plan with the Applied Methodology | | | |
| Check whether the project plan has been prepared according to the applied methodology, confirm whether the KCCI Certified Reduction project is being implemented according to the business plan, and describe the result. | | | |
| Serial no. | Serial no. | Details | Auditor |
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| □ Implementation of Monitoring according to the Project Plan | | | |
| Check whether the monitoring measurement factors related to KCCI Certified Reduction of the reduction project are being implemented according to the project plan and describe the result. | | | |
| Serial no. | Serial no. | Details | Auditor |
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| □ Data Evaluation and KCCI Certified Reduction (Absorption) Calculation | | | |
| Determine whether activity data has been appropriately collected and whether the reduction calculation method is adequate and describe the results.  This may include whether activity data collection and reduction calculations (baseline emissions, project emissions, leakage, etc.) have been carried out according to the project plan. | | | |
| Serial no. | Serial no. | Details | Auditor |
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| □ Compliance with Data QA/QC Procedure | | | |
| Determine whether the monitoring report has been prepared according to the applied methodology and project plan, including monitoring of activity data and the adequacy of QA/QC, and describe the results. | | | |
| Serial no. | Serial no. | Details | Auditor |
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| 3 | Findings |

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| □ Action requirements | | | | | | |
| Serial no. | Business place information | | Action requirements | Corrective action details | Evaluation of corrective action  (Emission changes, etc.) | Remarks  (Auditor) |
| Serial no. | Facility name |
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| *※ ※* Describe the items requested for corrective action and specify the details and appropriateness while performing the verification. | | | | | | |

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| □ Improvement Recommendations | | |
| Describe improvement recommendations for monitoring or calculating and reporting reductions in the future, if applicable. | | |
| Serial no. | Facility name | Details |
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| 4 | Verification Result |

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| □ GHG Emissions and Energy Consumption before Verification | | | | | |
| Serial no. | Facility name | KCCI Certified Reductions (absorptions)  (ton CO2-eq) | | | |
| Baseline emissions | Project emissions | Leakage | KCCI Certified Reductions |
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| Total KCCI Certified Reductions | |  |  |  |  |

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| □ Confirmed GHG Emissions and Energy Consumption after Verification | | | | | |
| Serial no. | Facility name | KCCI Certified Reductions (absorptions)  (ton CO2\_eq) | | | |
| Baseline emissions | Project emissions | Leakage | KCCI Certified Reductions |
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| Total KCCI Certified Reductions | |  |  |  |  |

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| Attached file (Upload) |
| *Reduction Project KCCI Certified Reduction Verification Checklist and Other Related Attachments* |

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| 5 | Verification Opinion |

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| Describe concisely the details deemed necessary by 3rd party auditor, e.g. verification targets, verification criteria, verification procedures, limitations of verification, verification opinions (adequate, inadequate), and comprehensive opinions. |
| (Month) (Date), 20XX  Verification Agency:  CEO: (Seal) |

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| 6 | Internal Review Process and Result (for internal storage by 3rd party auditor) |

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| Classification | Facility Information | | Deliberation Opinion | Reason |
| Serial no. | Facility name |
| Verification plan |  |  |  |  |
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| Estimation method review |  |  |  |  |
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| Check information (activity data, etc.) |  |  |  |  |
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| Review opinion |  |  |  |  |
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| Other |  |  |  |  |
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| Verification auditor conducting the internal review (Team Leader)  Name: (Seal) | | | | |

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| 7 | Other Verification related Matters (for internal storage by verification agency) |

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| □ Interview List | | | | | | |
| Facility Information | | Interviewer Information | | | Interview Time & Date | Interview Details |
| Serial no. | Facility name | Name | Dept. | Position |
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| □ Evidentiary Materials | | | | | |
| Facility Information | | Person in Charge | | | Document/Material Name |
| Serial no. | Facility name | Name | Dept. | Position |
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