

JCM Approved Methodology Revision Request Form

List of documents to be attached to this form: <i>(Please check)</i>	Proposed revised methodology, highlighting all proposed changes to the approved methodology	<input type="checkbox"/>
	Draft PDD	<input type="checkbox"/>
	Additional information (Optional: please specify)	<input type="checkbox"/>
Exact reference (number, title and version) of the methodology to which the request for revision applies:		
Name of the proponent submitting this form:		
Summary of the proposed revisions: <i>(Please state the summary of your proposed revisions in approximately 300 words)</i>		
Contact Information: <i>(E-mail addresses and phone contacts for possible dialogue on the submission)</i>		
Date (DD/MM/YYYY) and signature for the proponent:	dd/mm/yyyy	
Please provide reasons for requesting revisions to the methodology. If the request for revision is related to a project under development or implementation, please describe the context in which they arose:		