



**CDM project activity deregistration request form
(Version 02.0)**

SECTION 1: GENERAL INFORMATION

Title of CDM project activity:	
Project activity reference number:	
Host Party:	

SECTION 2: CONTACT INFORMATION

Name of the focal point for scope (c) submitting this form:	
Contact details (primary or alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date: DD/MM/YYYY

(Add rows for joint focal point as necessary)

SECTION 3: SUMMARY OF DOCUMENTATION

Written agreement of all project participants of the CDM project activity for the deregistration request is provided:	<input type="checkbox"/> Yes
Written no-objection of the DNAs of all Parties involved in the deregistration is provided:	<input type="checkbox"/> Yes

SECTION TO BE FILLED BY THE UNFCCC SECRETARIAT

Date when the form was received at UNFCCC secretariat:	
Effective date of deregistration:	

CDM-DREG-FORM: ANNEX 1

This annex contains the written agreement of all project participants of the CDM project activity for which deregistration is requested and it is submitted by the focal point for scope (c).

SECTION 1: GENERAL INFORMATION	
Title of CDM project activity:	
Project activity reference number:	
Host Party:	
SECTION 2: LIST OF PROJECT PARTICIPANTS	
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary or alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date: DD/MM/YYYY
I hereby agree with the deregistration of the project activity;	
(Add rows for project participant entities as necessary)	

CDM-DREG-FORM: ANNEX 2

This annex contains the written no-objection of all DNAs of the CDM project activity for which deregistration is requested and it is submitted by the focal point for scope (c). (One form per authorising Party should be submitted)

SECTION 1: GENERAL INFORMATION	
Title of CDM project activity:	
Project activity reference number:	
Authorising Party:	
SECTION 2: DNA REPRESENTATIVE	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Name of DNA Office:	
Specimen signature:	
Date: DD/MM/YYYY	
I hereby do not object to the deregistration of the project activity;	

Document information

<i>Version</i>	<i>Date</i>	<i>Description</i>
02.0	11 August 2015	Revisions to: <ul style="list-style-type: none"> • Include Annex 1 and Annex 2; and • Editorial improvement.
01.0	17 March 2015	Initial publication.

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