



REQUEST FOR REVIEW OF TRANSITION REQUEST OF CDM PROGRAMME OF ACTIVITIES TO ARTICLE 6.4 MECHANISM FORM

(Version 01.0)

SECTION 1. GENERAL INFORMATION

**Submitter of the request
for review:**
(Select one option)

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Designated National Authority (DNA) of the host Party

Name of the host Party: Choose a Party.

Name of the DNA: >> *Provide the name of the DNA*

☐

Supervisory Body member or alternate member

**Name of the member or
alternate member:** >> *Provide the name of the member or
alternate member*

**Date of submission of the
request for review form:**

Enter a date.

PoA title:

>> *Provide the PoA title*

CPA(s) title(s):

>> *Provide the CPA(s) title(s) included in the PoA*

**PoA UNFCCC reference
number:**

>> *Provide the UNFCCC reference number of the PoA*

**CPA(s) UNFCCC
reference number(s):**

>> *Provide the UNFCCC reference number(s) of the CPA(s) included in the
PoA*

SECTION 2. REASONS FOR THE REQUEST FOR REVIEW

(Please elaborate the reason for requesting a review based on the Standard "Transition of CDM activities to the Article 6.4 mechanism" or any other applicable Article 6.4 mechanism rules and requirements)

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Document information

Version	Date	Description
01.0	18 December 2024	Initial publication of form template.

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