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|  | REQUEST FOR RENEWAL OF PoA PERIODWITHDRAWAL FORM FOR ARTICLE 6.4 PROGRAMMES OF ACTIVITIES**(Version 01.0)** |
| 1. Section 1. Details of the PoA
 |
| PoA title: | >> *Provide the PoA title* |
| UNFCCC reference number: | >> *Provide the UNFCCC reference number of the PoA determined at the submission of the notification of prior consideration.* |
| Authorized activity participant(s):*(Add rows as necessary for each activity participant)* | Name of activity participant(s) |
| >> *Provide the name of the activity participant* |
| PoA period to which renewal is being requested: | **Start date:** Enter a date. | **End date:** Enter a date. |
| *Provide the start and end-date of the PoA period to which renewal is being requested.* |
| **Sequence number:** | >> *Provide the sequence number of the PoA period to which renewal is being requested, i.e. 2nd or 3rd* |
| Timing of the submission of the request for withdrawal:*(Select one option)* | [ ]  Request for withdrawal prior to the publication of the request for renewal of the PoA period.[ ]  Request for withdrawal on or after the publication of the request for renewal of the PoA period. |
| 1. Section 2. Request for withdrawal
 |
| Reasons for requesting withdrawal of the request for renewal of the PoA period:*(Select one option)* | [ ]  The activity participants voluntarily wish for the request for renewal of the PoA period to be withdrawn.[ ]  The DOE has revised its validation report based on new insights or information. |
| Link to UNFCCC web page listing the request for registration:*(Provide the web address if already published)* | >>  |
| If necessary, list attached files containing relevant information that is not available through the above link | >>  |
| 1. Section 3. Withdrawal agreement by activity participants
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| We hereby agree to this request for withdrawal:*(Copy/paste this group of cells for each activity participant)* | **Date:** Enter a date. |
| **Name of the activity participant:** |
| >> *Provide the name of the activity participant* |
| **Name of the person authorized to sign for the activity participant (focal point):** |
| >> *Provide the name of the authorized person* |
| **Signature:** |
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| 1. Section 3. Withdrawal confirmation by the Designated Operational Entity (DOE)
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| Name and UNFCCC reference number of the DOE: | >> *Provide name and UNFCCC reference number of the DOE* |
| We confirm that the validation report already submitted to the Supervisory Body for the renewal of the PoA period of the PoA is hereby nullified in their totality and hereby request the withdrawal of the request for renewal of the PoA period. | **Date:** Enter a date. |
| **Name of DOE representative:** |
| >> *Provide the name of the DOE representative* |
| **Signature:** |
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Document information

| Version | Date | Description |
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