

## JI request for review

*[To be provided on the Applicant's official letterhead<sup>1</sup>]*

"Insert date"

National Authority for the CDM and JI  
Department of Climate Change  
GPO Box 854  
Canberra ACT 2601  
AUSTRALIA

Dear sir/madam

I wish to request a review of Australia's Designated Focal Point's decision not to issue a Letter of Approval for the following project:

Project information	
Name of project	"Insert name of project"
Host Party	"Insert Host Party"
Applicant's name	"Insert Applicant's name"
Applicant's business hours phone number	"Insert Applicant's business hours phone number"
Applicant's email address	"Insert Applicant's email address"
Applicant's postal address	"Insert Applicant's postal address"
Application reference number <i>Guidance: this is the application reference quoted in the decision notification.</i>	"Insert application reference number"
Date of initial Letter of Approval application	"Insert date of initial Letter of Approval application"
Reasons for request for review (please provide a separate attachment if necessary)	"Insert reasons for request for review"

In doing so, I "Insert name" ("Insert ABN/ACN if applicable" ) of "Insert full address" represent and warrant that:

1. I understand that giving false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).
2. I am legally authorised to bind the Applicant and the signatures below are provided in the manner necessary to so bind.

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<sup>1</sup> Please note that Applicants may only add requested information to this form. Any other modifications or additions will not be considered and will result in the application being deemed incomplete.

Signed by or on behalf of the Applicant:

Name of Applicant: "Insert name of Applicant"	
<b>Signature 1</b>	<b>Signature 2 (if applicable)</b>
Signature:	Signature:
Name of signatory: "Insert name of signatory"	Name of signatory: "Insert name of signatory"
Position: "Insert position"	Position: "Insert position"
Place of signature: "Insert place of signature"	Place of signature: "Insert place of signature"
Date: "Insert date"	Date: "Insert date"
<b>Witness</b>	<b>Witness</b>
In the presence of:	In the presence of:
Signature of witness:	Signature of witness:
Name of witness: "Insert name of witness"	Name of witness: "Insert name of witness"
Date: "Insert date"	Date: "Insert date"

Has this form been signed by a person legally authorised to bind the Applicant?

Yes  No

Please send the completed form to:

Email: [DFP@climatechange.gov.au](mailto:DFP@climatechange.gov.au)

and

Post: National Authority for the CDM and JI  
Department of Climate Change  
GPO Box 854  
Canberra ACT 2601  
AUSTRALIA

The information supplied to the National Authority for the CDM and JI in this application will be used to assess the application and for the purpose of communication with the Applicant. This information may be disclosed to other entities and Commonwealth Government agencies including the Australian Department of Foreign Affairs and Trade (DFAT) and AusAID for the purpose of assessing the application. The National Authority is authorised under the Commonwealth's executive power to collect the information requested in this application.