***SERVICE ENQUIRY FORM***

**Note:** *PP or the authorized representative should fill all relevant sections and attach PDD/PSF/ PD/MR as available.**The provided information will be treated confidential and only be used for the purpose of contract review by KBS.*

*Please send the filled form to* [*cdmsales@kbscertification.com*](mailto:cdmsales@kbscertification.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sections A: General Information** | | | |
| Project / PoA Title |  | | |
| Project ID/ Weblink if listed/ registered |  | | |
| Applied methodology |  | | |
| Scheme of project | CDM  VCS  Gold Standard  GCC  ISO-14064 /GHG  Social Carbon  SD Vista  Any other | | |
| Host Country |  | | |
| Complexity of project | Standalone  Bundled  Single location  Multi-locations (Nos ) | | |
| List of Locations of the project |  | | |
| Nearest airport/ Railway station and distance from the project site(s). |  | | |
| Scale of project | Small scale  Large scale | | |
| Estimated amount of emission reductions per year |  | | |
| Has the project/ PoA registered in any other scheme? | Yes Scheme Name-  No | | |
| Parties involved in identification/ consultancy/ financing/ development in project/ PoA/ CPA(s).  Please add rows if required | **Name** | | **Role** |
|  | |  |
|  | |  |
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|  | |  |
| ***Section B: Project Participant (s) entering the contract with KBS including payment party*** | | | |
| Name of PP, address and contact no. / e-mails |  | | |
| Please write the name of PP, address, contact no. and e-mail if payment party is different |  | | |
| Name of CME if applicable |  | | |
| ***Section C: Additional information required for CDM Project/ PoA only*** | | | |
| ***CDM Validation only*** | | | |
| Prior Consideration submitted | Yes  No | | |
| Scope of Work | Validation  Post – Registration change (PRC)  Request for CPA Inclusion (No. of CPAs)  Renewal of Crediting Period (Previous Crediting period: )  Any other | | |
| Reason for PRC if applied |  | | |
| ***CDM Verification only*** | | | |
| Scope of work | Verification of Project Activity  Verification of Project Activity with PRC  Any other | | |
| Monitoring Period (From dd/mm/yyyy To dd/mm/yyyy) |  | | |
| Verification No. |  | | |
| Reasons for PRC if applied |  | | |
| ***Section D: Additional information For Gold Standard Project only*** | | | |
| Scope of work | Validation (Design Certification)  Combined Design Certification and First Performance Certification [Monitoring Period ]  Verification (Performance Certification) -Monitoring period  Any other | | |
| ***Section E: Additional information For VCS Project only*** | | | |
| Is the project a Grouped project? | Yes  No  If yes, how many Project Instances covered along with initial validation: | | |
| Scope of Work | Validation  Validation plus first Verification [Monitoring Period ]  Renewal of Crediting Period [Previous Crediting period ]  Verification [Monitoring period ]  Any other | | |
| For A/R, REDD+ projects only | Total area (ha) |  | |
| Type of trees |  | |
| Total number of plots |  | |
| Accessibility to plots |  | |
| Transport time between plots |  | |
| CCB standard included? |  | |
| ***Section F: Additional information For GCC project only*** | | | |
| Project Type | A1  A2  B1  B2 | | |
| Scope of Work | Project Verification (Validation)  Emission Reduction Verification (Monitoring Period )  Any other | | |
| GCC Labels | Minimum Performance Track (GHG projects only)  Rated Performance Track (Additional labels, if applicable)  Environmental Safeguards Standard and do-no-harm criteria(E+)  Social Safeguards Standard do-no-harm criteria (S+)  United Nations Sustainable Development Goals (SDG+)  Bronze  Silver  Gold  Platinum  Diamond  CORSIA (C+) | | |
| ***Section G: General Information*** | | | |
| Please write if any liability condition linked to the contract. |  | | |
| Any specific health and safety requirements for auditors on-site? |  | | |
| Any other relevant information |  | | |
| Submitted by | Name:  Contact no.:  E-mail:  Date: DD/MM/YYYY | | |

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| --- | --- |
| ***Completeness check of the enquiry (for KBS use only)*** | |
| Checked by |  |
| Date | DD/MM/YYYY |
| Allocated KBS reference number | (to be allocated once contract is signed) |

**History of Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Version | Date | Nature of revision | Reviewed by QM (Date) | Approved by MD (Date) |
| *1* | *28-02-2023* | *Combined form for all schemes* | *28-02-2023* | *07-03-2023* |