





## JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Installation of High Efficiency Loom at Weaving Factory
Country	People's Republic of Bangladesh
Date of Submission	21/12/2017

## Section 2: Nomination of focal point entities

Focal point entity (1)	
Name of entity:	Toyota Tsusho Corporation
Address (incl. postcode):	3-13, Konan 2-chome, Minato-ku, Tokyo 108-8208, Japan
Telephone: n/a	Fax: n/a
E-mail: n/a	Website: http://www.toyota-tsusho.com
Primary authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Makino	First name: Yuji
Title: General Manager	
Specimen signature: 	Date: dd/mm/yyyy 31/07/2017
Alternate authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yamazaki	First name: Yasutaka
Title: Group Leader	
Specimen signature: 	Date: dd/mm/yyyy 31/07/2017
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ouchi	First name: Akio
Title: Project Manager	
Department: Machinery Business Development Group Industrial Machinery Department	
Mobile: n/a	Direct tel.: +81-3-4306-3176
E-mail: akio_ouchi@toyota-tsusho.com	Direct fax: +81-3-4306-8809
<b>USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY</b>	Is this entity changing its name? Yes <input type="checkbox"/> (Former entity name: ) No <input type="checkbox"/>
	Is the entity also a project participant? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If the entity is also a project participant, do the same signatories represent it in its project participant role? Yes <input type="checkbox"/> No <input type="checkbox"/>

Focal point entity (2)	
<b>Name of entity:</b>	Hamid Fabrics Limited
<b>Address (incl. postcode):</b>	Hamid Tower (5th & 6th Floor) 24, Gulshan C/A, Circle-2, Dhaka-1212, Bangladesh
<b>Telephone:</b> (+8802) 8834564-5,	<b>Fax:</b> (+8802) 8813077
<b>E-mail:</b> n/a	<b>Website:</b> <a href="https://www.hfl.com.bd/">https://www.hfl.com.bd/</a>
<b>Primary authorised signatory:</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
<b>Last name:</b> Al-Mahmud	<b>First name:</b> Abdullah
<b>Title:</b> Managing Director	
<b>Specimen signature:</b> 	<b>Date:</b> dd/mm/yyyy 14/8/2017
<b>Alternate authorised signatory:</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
<b>Last name:</b> Islam	<b>First name:</b> Mir Azharul
<b>Title:</b> Chief Operating Officer	
<b>Specimen signature:</b> 	<b>Date:</b> dd/mm/yyyy 14/08/2017
<b>Contact person:</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
<b>Last name:</b> Moorthy	<b>First name:</b> Periyasamy
<b>Title:</b> General Manager Technical	
<b>Department:</b> n/a	
<b>Mobile:</b> n/a	<b>Direct tel.:</b> 8809346135
<b>E-mail:</b> moorthy_hfl@mahingroup.com	<b>Direct fax:</b> n/a
<b>USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY</b>	Is this entity changing its name? Yes <input type="checkbox"/> (Former entity name: ) No <input type="checkbox"/>
	Is the entity also a project participant? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If the entity is also a project participant, do the same signatories represent it in its project participant role? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Section 3: Third-party entity (TPE)</b>	
Name of the TPE that conducts validation (and verification) for the project:	Japan Quality Assurance Organization
Address (incl. postcode): 1-25, Kandasudacho, Chiyoda-ku, Tokyo 101-8555, Japan	
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tanabe	First name: Koichiro
Title: Manager	
Department: CDM Assessment Division, Global Environment Department	
E-mail: tanabe-koichiro@jqa.jp	Telephone: +81-3-4560-5527

<b>Section 4: List of project participants other than nominated focal point entities</b>	
	Name of project participant
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

\*Rows may be added, as needed

\*Contact information of each participant is indicated in Section 5.