JCM Modalities of Communication Statement Form

Section 1: Project description		
Title of the project		
Country		
Date of Submission	dd/mm/yyyy	

		ection 2: Nomina	ition of f	focal point entity
Name of entity	y:			
Address (incl.	postcode):			
Telephone:				Fax:
E-mail:				Website:
Primary auth	orised sign:	atory:		
Last name:				First name:
Title:				
Specimen sig	nature:			Date: dd/mm/yyyy
Alternate autl	horised sign	natory:		
Last name:				First name:
Title:				
Specimen sig	nature:			Date: dd/mm/yyyy
Contact perso	on:			
Last name:				First name:
Title:				
Department:				
Mobile:				Direct tel.:
E-mail:				Direct fax:
TION FOR FRATION VS ONLY	Is this enti	ty changing its na	ame?	Yes [(Former entity name:) No [
SECTIO SGISTRA SIONS C	Is the entition participant	y also a project ?		Yes No
USE THIS SECT POST-REGIST SUBMISSION	participan signatories	y is also a project, do the same srepresent it in its ticipant role?		Yes No

Section 3: Third-party entity (TPE)		
Name of the TPE that conducts validation		
(and verification) for the project:		
Address (incl. postcode):		
Contact person:		
Last name:	First name:	
Title:		
Department:		
E-mail:	Telephone:	

Section 4: List of project participants other than nominated focal point entity		
	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.

Section 5: Contact information (Project participant(s) other than focal point entity)

Project Participant (1)			
Name of ent	tity:		
Address (in	cl. postcode):		
Telephone:		Fax:	
E-mail:		Website:	
Primary au	thorised signatory:		
Last name:		First name:	
Title:			
Specimen s	ignature:	Date: dd/mm/yyyy	
Alternate a	uthorised signatory:		
Last name:		First name:	
Title:			
Specimen signature:		Date: dd/mm/yyyy	
Contact pe	rson:		
Last name:		First name:	
Title:			
Departmen	t:		
Mobile:		Direct tel.:	
E-mail:		Direct fax:	
USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY	Is this entity changing its name?	Yes (Former entity name:) No	

^{*}Tables may be added, as needed

Section 6: Statement of decision

This statement is effective with all project participants and will be valid until a superseding statement is submitted to the Joint Committee by the focal point entity. The project participants do not include or refer to private contractual arrangements in this statement such as the establishment of conditions for the designation or change of focal point. The project participants and focal point are solely responsible for honouring such arrangements. By signing below, all project participants confirm that they decide the terms of this decision on a voluntary basis.

Focal point entity	(1)
For (name of focal point entity):	For (name of entity):
Name of authorised signatory:	Name of authorised signatory:
Signature:	Signature:
Date: dd/mm/yyyy	Date: dd/mm/yyyy
(2)	(3)
For (name of entity):	For (name of entity):
	· ·
Name of authorised signatory:	Name of authorised signatory:
Signature:	Signature:
Date: dd/mm/yyyy	Date: dd/mm/yyyy
(4)	(5)
For (name of entity):	For (name of entity):
Name of authorised signatory:	Name of authorised signatory:
Signature:	Signature:
Date: dd/mm/yyyy	Date: dd/mm/yyyy
Bate. da min yyyy	Bate. da min yyyy

^{*}Rows may be added, as needed

^{*}Contact information of each entity is indicated in Section 5.

Section 7: Declaration of avoidance of double registration

By signing this declaration below, the focal point entity ensures the proposed JCM project will not result in double registration in other GHG mitigation crediting mechanisms, which then avoids double counting of GHG emission reductions by the project.

I hereby declare that the proposed JCM project is not registered under any other GHG mitigation crediting mechanisms other than the JCM, therefore, the proposed JCM project will not result in double counting of GHG emission reductions. I also hereby declare that if the proposed JCM project is registered under the JCM, the same project will not be registered under other GHG mitigation crediting mechanisms, and vice versa.

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JCM Modalities of Communication Statement Form ANNEX 1

This annex is to be used by the nominated focal point to request changes to project participant status and contact details of a focal point entity following project registration.

	Section 1: Project	details
Title of the project		
Country		
Project reference number:		
Date of Submission	dd/mm/yyyy	
Section 2: A	Addition/change of name	e of a project participant
Add project participant		
☐ Change name of project participant (if selected, indicate former name below)		
The following entity is here	eby added as a project pa	articipant or is newly named in respect of
the above project. By provi	ding a specimen signatur	re below, the project participant confirms
its acceptance of the current	t modalities of communic	eation.
Name of entity:		
Address (incl. postcode):		
Former name of project pa	articipant (if applicable):
Telephone:		Fax:
E-mail:		Website:
Primary authorised signat	tory:	
Last name:		First name:
Title:		
Specimen signature:		Date: dd/mm/yyyy
Alternate authorised signa	ntory:	
Last name:		First name:
Title:		
Specimen signature:		Date: dd/mm/yyyy
Contact person:		
Last name:		First name:
Title:		I HOL HUMO.
Department:		
Department.		

Mobile:		Direct tel.:
E-mail:		Direct fax:
E-man;		Direct lax:
Signature of the nomi	inated focal point:	
Name:		
Specimen signature:		Date: dd/mm/yyyy
Sooti	on 3: Voluntary withdrawal	of avoicat naviginants
	•	ticipant in the above project and hereby
	consent to be removed.	ticipant in the above project and hereby
Name of entity:	consent to be removed.	
Name of authorised si	ignatory:	
Last name:	ignatury.	First name:
Title:		rust name.
		D
Specimen signature:		Date: dd/mm/yyyy
*Rows may be added,	as needed	
Signature of the name	inated facal naints	
Signature of the nominate:	mateu iocai point:	
		D
Specimen signature:		Date: dd/mm/yyyy
Section 4: Chan	ge of contact details (project	t participants or focal point entity)
The following entity is	an existing project participan	nt/focal point entity in respect of the above
project and hereby requ	uests the following changes to	its contact details:
Project participant		
☐ Focal point		
Name of entity:		
Address (incl. postcoo	le):	
Telephone:		Fax:
E-mail:		Website:
Primary authorised s	ignatory:	
Last name:		First name:
Title:		1
Specimen signature:		Date: dd/mm/yyyy
~Peeimen signature.		Duce. dailing yyyy

Alternate authorised signatory:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Contact newcon.	
Contact person:	
Last name:	First name:
Title:	
Department:	
Mobile:	Direct tel.:
E-mail:	Direct fax:
*Rows may be added, as needed	
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: dd/mm/yyyy
•	

DISCLAIMER: Any new representative for a focal point entity is recognized to hold the same authority designated to him/her by the entity as that held by the previous signatory.

If a change to a project participant requested in this section is also applicable to a focal point entity, it is recognized that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.