



## JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Energy Saving for Air-Conditioning at Shopping Mall with High Efficiency Centrifugal Chiller
Country	The Republic of Indonesia
Date of Submission	31/Jan/2017

Section 2: Nomination of focal point entity(ies)	
Name of entity:	NTT FACILITIES, INC.
Address (incl. postcode): Granparktower, 3-4-1 Shibaura, Minato-ku, Tokyo, Japan, 108-0023	
Telephone: +81-3-5444-2621	Fax: +81-3-5444-9650
E-mail:	Website: <a href="http://www.ntt-f.co.jp/english/">http://www.ntt-f.co.jp/english/</a>
Primary authorised signatory:	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Nishii	First name: Reiko
Title: Deputy Senior Executive Manager	
Specimen signature:	Date:
	4/1/2017
Alternate authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Tachibanaki	First name: Masatomo
Title: Manager	
Specimen signature:	Date:
	4/1/2017
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Muto	First name: Go
Title: Assistant Chief Representative	
Department: Indonesia Office	
Mobile: +62-811-812-1739	Direct tel.: +62-21-572-2059
E-mail: g.muto@ntt-f.co.id	Direct fax: +62-21-572-7568
USE THIS SECTION FOR POST-REGISTRATION	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"/>
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\*Tables should be added, if more than one focal points are designated.

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

Section 4: List of project participants other than nominated focal point entity(ies)	
	Name of project participant
(1)	PT.PAKUWON JATI Tbk
(2)	
(3)	
(4)	
(5)	
(6)	

\*Rows may be added, as needed

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

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## ANNEX 1

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



Section 1: Project details	
Title of the project	Energy Saving for Air-Conditioning at Shopping Mall with High Efficiency Centrifugal Chiller
Country	The Republic of Indonesia
Project reference number:	ID009
Date of Submission	07/04/2018


Section 2: Addition/change of name of a project participant	
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant (if selected, indicate former name below)	
<p>The following entity is hereby added as a project participant or is newly named in respect of the above project. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</p>	
Name of entity:	
Address (incl. postcode):	
Former name of project participant (if applicable):	
Telephone:	Fax:
E-mail:	Website:
Primary authorised signatory:	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Alternate authorised signatory:	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Contact person:	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	First name:
Title:	

<b>Department:</b>	
<b>Mobile:</b>	<b>Direct tel.:</b>
<b>E-mail:</b>	<b>Direct fax:</b>
<b>Signature of the nominated focal point:</b>	
<b>Name:</b>	
<b>Specimen signature:</b>	<b>Date:</b> dd/mm/yyyy

Section 3: Voluntary withdrawal of project participants	
The following entity is registered as a project participant in the above project and hereby confirms its voluntary consent to be removed.	
<b>Name of entity:</b>	
<b>Name of authorised signatory:</b>	<b>Mr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/>
<b>Last name:</b>	<b>First name:</b>
<b>Title:</b>	
<b>Specimen signature:</b>	<b>Date:</b> dd/mm/yyyy
*Rows may be added, as needed	
<b>Signature of the nominated focal point:</b>	
<b>Name:</b>	
<b>Specimen signature:</b>	<b>Date:</b> dd/mm/yyyy

Section 4: Change of contact details (project participants or focal point entity(ies))	
The following entity is an existing project participant/focal point entity in respect of the above project and hereby requests the following changes to its contact details:	
<input type="checkbox"/> Project participant <input checked="" type="checkbox"/> Focal point	
<b>Name of entity:</b> NTT FACILITIES, INC.	
<b>Address (incl. postcode):</b> Granparktower, 3-4-1 Shibaura, Minato-ku, Tokyo, Japan, 108-0023	
<b>Telephone:</b>	<b>Fax:</b>
<b>E-mail:</b>	<b>Website:</b> <a href="http://www.ntt-f.co.jp/english/">http://www.ntt-f.co.jp/english/</a>
<b>Primary authorised signatory:</b>	<b>Mr.</b> <input checked="" type="checkbox"/> <b>Ms.</b> <input type="checkbox"/>
<b>Last name:</b> Tsudo	<b>First name:</b> Masashi

<b>Title: Deputy Senior Executive Manager</b>	
<b>Specimen signature:</b> 	<b>Date:</b> 06/07/2018
<b>Alternate authorised signatory:</b>	<b>Mr.</b> <input checked="" type="checkbox"/> <b>Ms.</b> <input type="checkbox"/>
<b>Last name:</b> Ushiozu	<b>First name:</b> Tadashi
<b>Title:</b> Manager	
<b>Specimen signature:</b> 	<b>Date:</b> 06/07/2018
<b>Contact person:</b>	<b>Mr.</b> <input type="checkbox"/> <b>Ms.</b> <input type="checkbox"/>
<b>Last name:</b>	<b>First name:</b>
<b>Title:</b>	
<b>Department:</b>	
<b>Mobile:</b>	<b>Direct tel.:</b>
<b>E-mail:</b>	<b>Direct fax:</b>
*Rows may be added, as needed	

<b>Signature of the nominated focal point:</b>	
<b>Name:</b> Nishii Reiko	
<b>Specimen signature:</b> 	<b>Date:</b> 06/07/2018
<p>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.</p> <p>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.</p>	