

JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Energy Saving by Introducing High Efficiency Autoclave to Infusion Manufacturing Factory
Country	Indonesia
Date of Submission	25/04/2022

Section 2: Nomination of focal point entity(ies)	
Name of entity:	Otsuka Pharmaceutical Factory, Inc.
Address (incl. postcode):	115 Kuguhara, Tateiwa, Muya-cho, Naruto, Tokushima 772-8601, Japan
Telephone: [REDACTED]	Fax: [REDACTED]
E-mail: [REDACTED]	Website: https://www.otsukakj.jp/en/
Primary authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hiromitsu	First name: Fukuhara
Title: Senior Maneger	
Specimen signature: [REDACTED]	Date: Oct 15, 2021
Alternate authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yodai	First name: Ikeda
Title: Staff	
Specimen signature: [REDACTED]	Date: Oct 15, 2021
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Yodai	First name: Ikeda
Title: Staff	
Department: Environmental management office	Administrative Department
Mobile: [REDACTED]	Direct tel.: [REDACTED]
E-mail: [REDACTED]	Direct fax: [REDACTED]

USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY	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"/>

*Tables should be added, if more than one focal points are designated.

Section 3: Third-party entity (TPE)	
Name of the TPE that conducts validation (and verification) for the project:	PT. MUTUAGUNG LESTARI
Address (incl. postcode): Jl. Raya Bogor KM 33 No.5 No.19, Curug, Cimanggis, Depok City, West Java, Postal code 16453	
Contact person:	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>
Last name: Mitikauji	First name: Yuniar
Title: Manager	
Department: Sub Division Industry and Energy	
E-mail: [REDACTED]	Telephone: [REDACTED]

Section 4: List of project participants other than nominated focal point entity(ies)	
	Name of project participant
(1)	PT. Otsuka Indonesia
(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 by Introducing High Efficiency Autoclave to Infusion Manufacturing Factory
Country	Republic of Indonesia
Project reference number:	ID 029
Date of Submission	February 4, 2025

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:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Alternate authorised signatory:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Contact person:	
Last name:	First name:
Title:	

Department:	
Mobile:	Direct tel.:
E-mail:	Direct fax:
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: 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.

Name of entity:	
Name of authorised signatory:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
*Rows may be added, as needed	
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: 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:

- Project participant
- Focal point

Name of entity:	
Address (incl. postcode):	
Telephone:	Fax:
E-mail:	Website:
Primary authorised signatory:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy

Alternate authorised signatory:	
Last name: Uehara	First name: Yuichi
Title: Supervisor of Environmental Management Office, Administrative Department	
Specimen signature: 	Date: February 4, 2025
Contact person:	
Last name: Uehara	First name: Yuichi
Title: Supervisor of Environmental Management Office, Administrative Department	
Department: Environmental Management Office, Administrative Department	
Mobile: 	Direct tel.: 
E-mail: 	Direct fax: 
*Rows may be added, as needed	

Signature of the nominated focal point:	
Name: Fukuhara Hiromitsu	
Specimen signature: 	Date: February 4, 2025
<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>	