### **JCM Modalities of Communication Statement Form**

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

	Section 2: Nomination of fo	cal point entity(ies)
Name of entity	y:	
Address (incl.	postcode):	
Telephone:		Fax:
E-mail:		Website:
Primary auth	orised signatory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen sig	nature:	Date: dd/mm/yyyy
Alternate autl	horised signatory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen sig	nature:	Date: dd/mm/yyyy
Contact person	on:	Mr. Ms.
Last name:		First name:
Title:		
Department:		
Mobile:		Direct tel.:
E-mail:		Direct fax:
TION FOR TRATION IS ONLY	Is this entity changing its name?	Yes
SECTIO GGISTRA SIONS C	Is the entity also a project participant?	Yes  \[ \] No \[ \]
USE THIS SECT POST-REGIST SUBMISSION	If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes  \[ \] No \[ \]

<sup>\*</sup>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:	
Address (incl. postcode):	
Contact person:	Mr. Ms.
Last name:	First name:
Title:	
Department:	
E-mail:	Telephone:

Secti	on 4: List of project participants other than nominated focal point entity(ies)
	Name of project participant
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

<sup>\*</sup>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(ies) )

	D : (D ():	. (4)
	Project Partici	pant (1)
Name of en		
Address (in	cl. postcode):	
<b>Telephone:</b>		Fax:
E-mail:		Website:
Primary au	thorised signatory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen s	ignature:	<b>Date:</b> dd/mm/yyyy
Alternate a	uthorised signatory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen s	ignature:	Date: dd/mm/yyyy
Contact pe	rson:	Mr. Ms.
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 [

<sup>\*</sup>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(ies). 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(s). The project participants and focal point(s) 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
ΨD 1 11 1 1 1	

<sup>\*</sup>Rows may be added, as needed

<sup>\*</sup>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(ies) ensures the proposed JCM project will not result in double registration in other climate mitigation 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 international climate mitigation 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 international climate mitigation mechanisms, and vice versa.

Focal point entity:	Mr. Ms.
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy

<sup>\*</sup>Tables should be added, if more than one focal points are designated.

## JCM Modalities of Communication Statement Form 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

Country		
Project reference number:		
Date of Submission	dd/mm/yyyy	
Section 2: A	Addition/change of nam	e of a project participant
Add project participant		
Change name of projec	t 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	iding a specimen signatu	re below, the project participant confirms
its acceptance of the curren	t modalities of communic	cation.
Name of entity:		
Address (incl. postcode):		
Former name of project p	articipant (if applicable	e):
Telephone:		Fax:
E-mail:		Website:
Primary authorised signa	tory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen signature:		Date: dd/mm/yyyy
Alternate authorised signs	atory:	Mr. Ms.
Last name:		First name:
Title:		
Specimen signature:		Date: dd/mm/yyyy
Contact person:		Mr. Ms.
Last name:		First name:
Title:		rust hame.
Department:		
рерагинент:		

Mobile:	Direct tel.:
E-mail:	Direct fax:
Signature of the nominated focal point: Name: Specimen signature:	<b>Date:</b> dd/mm/yyyy
Section 3: Voluntary withdrawal	of project participants
The following entity is registered as a project par	ticipant in the above project and hereby
confirms its voluntary consent to be removed.	
Name of entity:	
Name of authorised signatory:	Mr. Ms.
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 p	
The following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing project particular to the following entity is an existing entity in the following entity is an existing entity in the following entity is an existence of the following entities are also as a following entity is an existence of the following entities are also as a following entity is an existence of the following entity is an existence of the following entities are also as a following entities are a followed entities and the following entities are also as a following	
above project and hereby requests the following cha	nges to its contact details:
Project participant	
Focal point	
Name of entity:	
Address (incl. postcode):	
	<b>T</b>
Telephone:	Fax:
E-mail:	Website:
E-mail: Primary authorised signatory:	Website:  Mr Ms
E-mail: Primary authorised signatory: Last name:	Website:
E-mail: Primary authorised signatory:	Website:  Mr Ms
E-mail: Primary authorised signatory: Last name:	Website:  Mr Ms

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