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 t	focal point entity
Name of entity	y:	
Address (incl.	postcode):	
Telephone:		Fax:
E-mail:		Website:
Primary authorised signatory:		
Last name:		First name:
Title:		
Specimen sign	nature:	Date: dd/mm/yyyy
Alternate authorised signatory:		
Last name:		First name:
Title:		
Specimen signature:		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 entity changing its name?	Yes
	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

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 signa	ntory:	
Last name:			First name:
Title:			
Specimen s	ignature:		Date: dd/mm/yyyy
Alternate at	uthorised sign	atory:	
Last name:			First name:
Title:			
Specimen signature:			Date: dd/mm/yyyy
Contact per	rson:		
Last name:			First name:
Title:			
Departmen	ıt:		
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

^{*}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 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:	
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy

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 hereby added as a project participant 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 modalities of communication.			
Name of entity:			
Address (incl. postcode):			
Former name of project p	articipant (if applicable	e):	
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:	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 withdrawa	of project participants
The following entity is registered as a project part	ticipant 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
Specimen signature.	Date: da imii yyyy
Section 4: Change of contact details (projec	t participants or focal point entity)
The following entity is an existing project partic	ipant/focal point entity in respect of the
above project and hereby requests the following cha	inges 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:	1
	Data dd/mm/m
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:
*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.