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 focal point entity		
Name of entit	y:	
Address (incl.	postcode):	
Telephone:		Fax:
E-mail:		Website:
Primary authorised signatory:		Mr Ms
Last name:		First name:
Title:		
Specimen sig	nature:	Date: dd/mm/yyyy
Alternate aut	horised signatory:	Mr.
Last name:		First name:
Title:		
Specimen sig	nature:	Date: dd/mm/yyyy
Contact pers	on:	Mr.
Last name:		First name:
Title:		
Department:		
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 (
	Is the entity also a project participant?	Yes
	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:	Mr Ms	
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 entity:		
Address (incl. postcode):		
Telephone:	Fax:	
E-mail:	Website:	
Primary authorised signatory:	Mr.	
Last name:	First name:	
Title:		
Specimen signature:	Date: dd/mm/yyyy	
Alternate authorised signatory:	Mr.	
Last name:	First name:	
Title:		
Specimen signature:	Date: dd/mm/yyyy	
Contact person:	Mr.	
Last name:	First name:	
Title:		
Department:		
Mobile:	Direct tel.:	
E-mail:	Direct fax:	
Is this entity changing its name? SUBMISSIONS ONLY SUBMISSION FOR A CONTROLL OF THE CITIES SECTION FOR A CONTROLL OF THE CONTROLL OF	Yes	

^{*}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. Mr. **Focal point entity:** Ms. 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: Addition/change of name 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 providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication. Name of entity: Address (incl. postcode):

Former name of project participant (if applicable):

Telephone:	Fax:
E-mail:	Website:
Primary authorised signatory:	Mr.
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Alternate authorised signatory:	Mr.
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Contact person:	Mr.
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 The following entity is registered as a project participan voluntary consent to be removed. Name of entity:	
Name of authorised signatory:	Mr. Ms.
Last name:	First name:
Title:	
Specimen signature: *Rows may be added, as needed	Date: dd/mm/yyyy
Nows 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)
The following entity is an existing project participant/foo	cal point entity in respect of the above project
and hereby requests the following changes to its contact d	letails:
Project participant	
☐ Focal point	
Name of entity:	
Address (incl. postcode):	
Telephone:	Fax:
E-mail:	Website:
Primary authorised signatory:	Mr.
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Alternate authorised signatory:	Mr. Ms.
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
Contact novem	Mr. Ms.
Contact person: Last name:	First name:
Title:	rirst name:
Department:	
Mobile:	Direct tel.:
E-mail:	Direct fax:
*Rows may be added, as needed	Directius
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: dd/mm/yyyy
~ F	2000 30 11111 9999

Annex3.1

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.