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 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:		**First name:**
Title:		
Specimen signature:		**Date:** dd/mm/yyyy
Contact person:		
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 ☐ No ☐
	If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes ☐ No ☐

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 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:		**First name:**
Title:		
Specimen signature:		**Date:** dd/mm/yyyy
Contact person:		
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 ☐

*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 For (name of focal point entity): Name of authorised signatory: Signature: Date: dd/mm/yyyy	(1) For (name of entity): Name of authorised signatory: Signature: Date: dd/mm/yyyy
(2) For (name of entity): Name of authorised signatory: Signature: Date: dd/mm/yyyy	(3) For (name of entity): Name of authorised signatory: Signature: Date: dd/mm/yyyy
(4) For (name of entity): Name of authorised signatory: Signature: Date: dd/mm/yyyy	(5) For (name of entity): Name of authorised signatory: Signature: 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 GHG mitigation crediting 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 GHG mitigation crediting 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 GHG mitigation crediting 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: 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:	
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)	
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:	**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.