

JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Project of Introducing High Efficiency Refrigerator to a Food Industry Cold Storage in Indonesia
Country	Republic of Indonesia
Date of Submission	25/12/2014

Section 2: Nomination of focal point entity(ies)	
Name of entity:	MAYEKAWA MFG. CO., LTD.
Address (incl. postcode):	3-14-15, Botan, Koto-Ku, Tokyo 135-8482, Japan
Telephone: +81-3-3642-6005	Fax: +81-3-3642-2815
E-mail:	Website: http://www.mayekawa.com
Primary authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Maekawa	First name: Tadashi
Title: President	
Specimen signature:	Date: 18/12/2014
Alternate authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Takahashi	First name: Shigeru
Title: Director	
Specimen signature:	Date: 18/12/2014
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Mogi	First name: Osamu
Title: Assistant General Manager	
Department: Global Project Sales Group	
Mobile: +81-80-1217-7451	Direct tel.: +81-3-3642-6005
E-mail: osamu-mogi@mayekawa.co.jp	Direct fax: +81-3-3642-2815
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:	Japan Quality Assurance organization
Address (incl. postcode): 1-25, Kandasudacho, Chiyoda-ku, Tokyo, 101-8555, Japan	
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Motokawa	First name: Hiroshi
Title: Manager	
Department: CDM Assessment Division, Global Environment Department	
E-mail: motokawa-hiroshi@jqa.jp	Telephone: 03-4560-5526

Section 4: List of project participants other than nominated focal point entity(ies)	
	Name of project participant
(1)	PT ADIB GLOBAL FOOD SUPPLIES
(2)	PT MAYEKAWA INDONESIA
(3)	
(4)	
(5)	
(6)	

*Rows may be added, as needed

*Contact information of each participant is indicated in Section 5.