



JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Installation of Tribid System to mobile communication's Base Transceiver Stations in Republic of Indonesia
Country	Indonesia
Date of Submission	24/01/2018

Section 2: Nomination of focal point entity(ies)	
Name of entity: KDDI CORPORATION	
Address (incl. postcode): GARDEN AIR TOWER, 3-10-10, Iidabashi, Chiyoda-ku, Tokyo 102-8460, Japna	
Telephone: N/A	Fax: N/A
E-mail: N/A	Website: http://www.kddi.com/english
Primary authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Ito	First name: Keiji
Title: Head of Global ICT Business Division	
Specimen signature: 	Date: dd/mm/yyyy 12/01/2018
Alternate authorised signatory:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Hiroshi	First name: Uchida
Title: General Manager of Global ICT Business Promotion Department	
Specimen signature: 	Date: dd/mm/yyyy 12/01/2018
Contact person:	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Youichi	First name: Iriuchijima
Title: Senior Manager of Global ICT Business Promotion Department	
Department: Global ICT Business Promotion Department	
Mobile: +81 80 5943-9608	Direct tel.: +81 3-6678-0872
E-mail: yo-iriuchijima@kddi.com	Direct fax: +81 3-6678-0230
USE THIS SECTION FOR POST-REGISTRATION	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"/>
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*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: Tanabe	First name: Koichiro
Title: Manager	
Department: Global Environment Department	
E-mail: tanabe-koichiro@jqa.jp	Telephone: +81-3-4560-5527

Section 4: List of project participants other than nominated focal point entity(ies)	
	Name of project participant
(1)	PT XL Axiata Tbk.
(2)	
(3)	
(4)	
(5)	
(6)	

*Rows may be added, as needed

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

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	Installation of Tribrid System to mobile communication's Base Transceiver Stations in Republic of Indonesia
Country	Indonesia
Project reference number:	ID016
Date of Submission	26 /10/2018

Section 2: Addition/change of name of a project participant	
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant (if selected, indicate former name below)	
<p>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.</p>	
Name of entity: Address (incl. postcode): Former name of project participant (if applicable): Telephone: _____ Fax: _____ E-mail: _____ Website: _____	
Primary authorised signatory: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: _____ First name: _____ Title: _____ Specimen signature: _____ Date: dd/mm/yyyy	
Alternate authorised signatory: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: _____ First name: _____ Title: _____ Specimen signature: _____ Date: dd/mm/yyyy	
Contact person: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	

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:	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
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

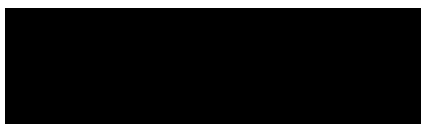
Section 4: Change of contact details (project participants or focal point entity(ies))

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: KDDI CORPORATION	
Address (incl. postcode): GARDEN AIR TOWER, 3-10-10, Iidabashi, Chiyoda-ku, Tokyo 102-8460, Japan	
Telephone: N/A	Fax: N/A
E-mail: N/A	Website: http://www.kddi.com/english

Primary authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Shiozaki		First name: Yasuhiko	
Title: Administrative Officer, Head of Global ICT Business Division			
Specimen signature:		Date: dd/mm/yyyy	
		26/10/2018	
Alternate authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Nishimori		First name: Katsuya	
Title: General Manager, Director of Global ICT Sales & Marketing Department			
Specimen signature:		Date: dd/mm/yyyy	
		26/10/2018	
Contact person:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Imanari		First name: Hiromi	
Title: Senior Manager			
Department: Global ICT Sales & Marketing Department			
Mobile: +81 80 5072 9593		Direct tel.: N/A	
E-mail: hi-imanari@kddi.com		Direct fax: +81 3 6678 0230	
*Rows may be added, as needed			

Signature of the nominated focal point:	
Name: Yasuhiko Shiozaki	
Specimen signature:	Date: dd/mm/yyyy
	26/10/2018
<p>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.</p> <p>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.</p>	

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	Installation of Tribrid System to mobile communication's Base Transceiver Stations in Republic of Indonesia
Country	Indonesia
Project reference number:	ID016
Date of Submission	13 / 6 / 2019

Section 2: Addition/change of name of a project participant	
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant (if selected, indicate former name below)	
<p>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.</p>	
Name of entity: Address (incl. postcode): Former name of project participant (if applicable): Telephone: _____ Fax: _____ E-mail: _____ Website: _____	
Primary authorised signatory: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: _____ First name: _____ Title: _____ Specimen signature: _____ Date: dd/mm/yyyy _____	
Alternate authorised signatory: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: _____ First name: _____ Title: _____ Specimen signature: _____ Date: dd/mm/yyyy _____	
Contact person: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	

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:

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 participants or focal point entity(ies))

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: KDDI CORPORATION

Address (incl. postcode): GARDEN AIR TOWER, 3-10-10, Iidabashi, Chiyoda-ku, Tokyo 102-8460, Japan

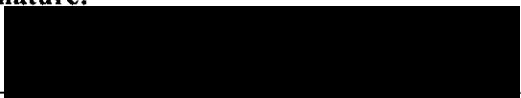
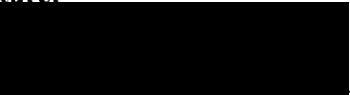
Telephone: N/A

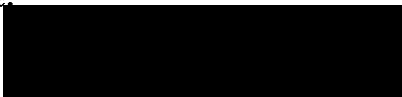
Fax: N/A

E-mail: N/A

Website:

<http://www.kddi.com/english>

Primary authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Kimura		First name: Hiroyuki	
Title: Head, Global ICT Business Division			
Specimen signature:		Date: dd/mm/yyyy	
		13/6/2019	
Alternate authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Imai		First name: Hiroshi	
Title: General Manager, Global ICT Sales Planning Department			
Specimen signature:		Date: dd/mm/yyyy	
		13/6/2019	
Contact person		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Morishita		First name: Hiroyasu	
Title: General Manager, Southeast Asian Bloc Group			
Department: Global ICT Sales Planning Department			
Mobile: +81 80 5991 9131		Direct tel.: N/A	
E-mail: hi-morishita@kddi.com		Direct fax: +81 3 6678 0230	
*Rows may be added, as needed			

Signature of the nominated focal point:	
Name: Yasuhiko Shiozaki	
Specimen signature:	Date: dd/mm/yyyy
	13/6/2019
<p>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.</p> <p>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.</p>	