

JCM Modalities of Communication Statement Form

| Section 1: Project description | |
|--------------------------------|---|
| Title of the project | Installation of High Efficiency Air Conditioning System and Chillers in Semiconductor Factory |
| Country | Thailand |
| Date of Submission | 22 / November / 2017 |

| Section 2: Nomination of focal point entity | |
|---|--|
| Name of entity: | Sony Semiconductor Manufacturing Corporation |
| Address (incl. postcode): | 4000-1 Haramizu Kikuyo-machi, Kikuchi-gun, Kikuchi-gun, 869-1102, Japan |
| Telephone: +81-962926115 | Fax: +81-962926815 |
| E-mail: | Website: http://www.sony-semiconductor.co.jp |
| Primary authorised signatory: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Oitori | First name: Koki |
| Title: Project manager | |
| Specimen signature: | Date: 22/Nov/2017 |
| Alternate authorised signatory: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Nishimura | First name: Yoshiyuki |
| Title: Senior Manager | |
| Specimen signature: | Date: 22/NOV/2017 |
| Contact person: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Amano | First name: Kazuyuki |
| Title: Manager | |
| Department: Facility Div Facility Plan strategy Section | |
| Mobile: 090-3738-7721 | Direct tel.: +8196-292-6724 |
| E-mail: Kazuyuki.Amano@sony.com | Direct fax: +8196-292-6725 |
| 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"/> |
|--|--|---|

| 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: CDM Assessment Division, 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 | |
|--|---|
| | Name of project participant |
| (1) | Sony Device Technology (Thailand) Co., Ltd. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |

*Rows may be added, as needed

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

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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 | Installation of High Efficiency Air Conditioning System and Chillers in Semiconductor Factory |
| Country | Thailand |
| Project reference number: | TH003 |
| Date of Submission | 10/02/2021 |

| 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: |
| Alternate authorised signatory: | |
| Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: | First name: |
| Title: | |
| Specimen signature: | Date: |
| 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: |

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.

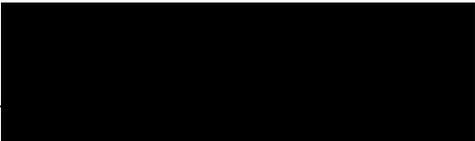
| | | |
|--|------------------------------|------------------------------|
| Name of entity: | | |
| Name of authorised signatory: | Mr. <input type="checkbox"/> | Ms. <input type="checkbox"/> |
| Last name: | First name: | |
| Title: | | |
| Specimen signature: | Date: | |
| *Rows may be added, as needed | | |
| Signature of the nominated focal point: | | |
| Name: | | |
| Specimen signature: | Date: | |

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: | Sony Semiconductor Manufacturing Corporation | |
| Address (incl. postcode): | 4000-1 Haramizu Kikuyo-machi, Kikuchi-gun, 869-1102, Japan | |
| Telephone: +81-50-3809-4484 | Fax: +81-50-3809-4422 | |
| E-mail: | Website: https://www.sony-semicon.co.jp/ | |
| Primary authorised signatory: | Mr. <input checked="" type="checkbox"/> | Ms. <input type="checkbox"/> |
| Last name: Yoshinaga | First name: Toshihiro | |

| | |
|---|--|
| Title: Project manager | |
| Specimen signature:  | Date: 10/02/2021 |
| Alternate authorised signatory: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Nishimura | First name: Yoshiyuki |
| Title: Senior Manager | |
| Specimen signature:  | Date: 10/02/2021 |
| Contact person: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Yamada | First name: Takeshi |
| Title: Manager | |
| Department: Facility Promotion Dept. Facility Planning and Promotion Section | |
| Mobile: | Direct tel.: +8150-3809-4484 |
| E-mail: Takeshi.Yamada@sony.com | Direct fax: +8150-3809-4422 |
| *Rows may be added, as needed | |
| Signature of the nominated focal point: | |
| Name: Sony Semiconductor Manufacturing Corporation | |
| Specimen signature:  | Date: 10/02/2021 |
| <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> | |