JCM Modalities of Communication Statement Form

	Section 1: Project description
Title of the project	Introduction of High Efficiency Air-conditioning in Hotel
Country	Viet Nam
Date of Submission	25/11/2016

	S	ection 2:	Nominat	ion of	focal pe	oint e	ntity		
Name of entit	ty:	NTT CONSU	DATA ULTING,	Lifes	STITU	ГE	OF	MANAGI	MENT
Address (incl	. postcode):	JA kyos	ai Bldg, I	0th Fl	., 7-9, H	iraka	wacho 🕽	2-chome, Chiy	/oda-ku,
Tokyo 102-00	93				1				
Telephone:					Fax:				
E-mail:					Webs		v.keieik	en.cojp/index	html
Primary auth	orised sign	atory:			Mr.	\boxtimes		Ms. 🗌	
Last name: M	Auraoka				First	nam	e: Moto	oshi	
Title: Partner	•								
Specimen sig	nature							Date: 25/11	/2016
Alternate aut	horised sign	natory:			Mr.	\boxtimes		Ms. 🗌	
Last name: Sashida				First	nam	e: Mits	uaki		
Title: Executi	ive consulta	nt							
Specimen sig	nature:						1.00	Date: 25/11	/2016
Contact pers	on:	12			Mr.			Ms. 🖂	
Last name: S	aito				First name: Mikiko				
Title: Manage	er								
Department:	Socio & Ec	o Strateg	je Consul	ting Se	ector				
Mobile:				Direct tel.:					
E-mail:			Direct fax:						
THIS IN FOR EGISTR ON	Is this enti	ty chang	ing its nan	ne?	Yes [No] (F	ormer (entity name:)
USE THIS SECTION FOR POST-REGISTI ATION	Is the entit participant	Sector Se	project		Yes [No [

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If the entity is also a pr participant, do the sam signatories represent it project participant role	No 🗌
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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 Kanda Sudach	o, Chiyoda-ku, Tokyo 101-8555, Japan
Contact person:	Mr. 🖂 Ms. 🗌
Last name: TANABE	First name: Koichiro
Title: Manager	
Department: CDM Assessment Division Glob	bal Environment Department
E-mail:	Telephone:

	Section 4: List of project participants other than nominated focal point entity			
	Name of project participant			
(1)	Peace Real Estate Investment Company Limited			
(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 to request changes to project participant status and contact details of focal point entities following project registration.

Section 1: Project details				
Title of the project	Introduction of High Efficiency Air-conditioning in Hotel			
Country	Viet nam			
Project reference number:	VN005			
Date of Submission	16/02/2023			

Section 2: Addition/change of nam	e 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 p			
the above project. By providing a specimen signatu	re below, the project participant confirms		
its acceptance of the current modalities of communi-	cation.		
Name of entity:			
Address (incl. postcode):			
Former name of project participant (if applicable	e):		
Telephone:	Fax:		
E-mail:	Website:		
Primary authorised signatory: Mr. Ms.			
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:	Mr. Ms.		
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 part	ticipant in the al	bove 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)

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

Nama of outitur	NTT DATA	INSTITUTE	OF	MANAGEMENT	CONSULTING,
Name of entity:	Inc.				

Address (incl. postcode): JA kyosai Bldg, 9th Fl., 7-9, Hirakawacho 2-chome, Chiyoda-ku, Tokyo 102-0093

Telephone:	Fax:
	Website:
E-mail: N/A	https://www.nttdata-strategy.com/englis
	h/
Primary authorised signatory:	Mr. 🗌 Ms. 🗌
Last name:	First name:

Title:	
Specimen signature:	Date: dd/mm/yyyy
Alternate authorised signatory:	Mr. 🖂 Ms. 🗌
Last name: Higashi	First name: Shintaro
Title: Senior Manager	
Specimen signature:	Date: 16/02/2023
Contact person:	Mr. 🖂 Ms. 🗌
Last name: Higashi	First name: Shintaro
Title: Senior Manager	
Department: Socio & Eco Strategic Co	nsulting Unit
Mobile:	Direct tel.:
E-mail:	Direct fax:
*Rows may be added, as needed	
Signature of the nominated focal point	:
Name: Motoshi Muraoka	
Specimen signature:	Date: 16/02/2023
authority designated to him/her by the en	for a focal point entity is recognized to hold the sam tity as that held by the previous signatory. sted in this section is also applicable to a focal poin
	rticipant and the focal point are the same legal entity

with the same legal registration in the respective jurisdiction.