

## Modalities of Communication Statement (Version 03.0)

Date of submission:		03/03/2016			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	PoA for the Reduction of emission from non-renewable fuel from cooking at household level				
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	7359				
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES					
Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.   • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.					
Name of entity: Green Development AS					
Address: Wergelandsveien 27 0167 Oslo Norway					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of CER				Χ	
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				X	
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				X	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.		!		
Last name: Norstebo	Telephone 1:				
First name: Havard	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature: Date (dd/mm/yyyy):					
Is this entity changing its name?	No				
Former entity name, if applicable:					
Is this entity also a project participant?	Yes				
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes				
Name of entity: Nordic Environment Finance Corporation					
Address: Fabianinkatu 34 P.O.Box 214 00171 Helsinki Finland					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of CER				X	

## CDM-MOC-FORM

	Ľ.	DM-MOC-FORM
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures		
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		X
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Lindegaard	Telephone 1:	
First name: Helle	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🔲 Ms. 🔀	
Last name: Nyberg	Telephone 1:	
First name: Tina	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Is this entity changing its name?	No	
Former entity name, if applicable:		
Is this entity also a project participant?	Yes	
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes	