


**PLEASE NOTE:**

- **NO MODIFICATIONS SHOULD BE MADE TO THE TEMPLATES.** Discrepancies and errors in the MOC documents may contribute to delays.
- **FOCAL POINTS WHO ARE NOT PROJECT PARTICIPANTS** should appear only in Section 2: Nomination of Focal Points of the F-CDM-MOC.
- **PROJECT PARTICIPANTS ONLY** should sign Section 3: Statement of Agreement of the F-CDM-MOC. They should also be listed in Annex 1 (request for registration stage).
- **PROJECT PARTICIPANTS WHO ARE ALSO FOCAL POINT ENTITIES** will appear three times: 1) Section 2: Nomination of Focal Points; 2) Section 3: Statement of Agreement; 3) Annex 1: List of Project Participants (request for registration stage).

 <p><b>Modalities of Communication Statement (Version 02.1)</b></p>				
<b>Date of submission:</b> <i>(To be left blank for submissions through DOE)</i>	<i>auto-fill at submission via web interface</i>			
<b>SECTION 1: PROJECT DETAILS</b>				
<b>Title of CDM project activity or programme of activities:</b>	<div style="background-color: #f8d7da; padding: 2px;">[Redacted]</div>			
<b>Project activity/programme reference number:</b> <i>(if available)</i>				
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>				
<b>Notes:</b> <ul style="list-style-type: none"> <li>• <b>Sole Focal Point authority</b> - A signature of an authorised signatory of <u>ONLY</u> the entity listed below is <u>required</u> for communication related to the corresponding scope of authority.</li> <li>• <b>Shared Focal Point authority</b> - A signature of an authorised signatory of <u>ANY</u> of the entities listed below is <u>required</u> for communication related to the corresponding scope of authority.</li> <li>• <b>Joint Focal Point authority</b> - A signature of an authorised signatory of <u>ALL</u> entities listed below are <u>required</u> for communication related to the corresponding scope of authority.</li> </ul>				
<b>Name of entity:</b> <span style="border: 1px dashed red; padding: 2px;">XXXX</span>				
<b>Address:</b> <span style="border: 1px dashed red; padding: 2px;"> </span>				
<b>This entity is nominated as a focal point with the authority to:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"><b>Sole</b></td> <td style="width: 33%;"><b>Shared</b></td> <td style="width: 33%;"><b>Joint</b></td> </tr> </table>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>Sole</b>	<b>Shared</b>	<b>Joint</b>		

**Comment [A1]:**  
Title should be consistent with the title indicated in all other documentation submitted for the request for registration.

**Comment [A2]:**  
Only ONE of the focal points nominated may have 'sole' authority.

**Comment [A3]:** Complete legal name of the focal point entity (including the abbreviation of the business type, for example S.A., B.V., Plc, AG).  
  
Should the entity also be a project participant, the name should be identical to the entity authorised in the corresponding Letter of Authorisation.

**Comment [A4]:**  
Official business address (not private).

**Comment [A5]:** Indicate focal point scopes clearly and correctly (e.g., one focal point entity cannot be designated with **sole** authority while another focal point entity is designated with **joint** authority for the same scope).

(a) Communicate in relation to requests for forwarding of CER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact details (primary authorised signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:		
First name:	Telephone 2 (optional):		
Email:	Fax:		
Specimen signature:	Date: dd/mm/yyyy		
<b>Contact details (alternate authorised signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:		
First name:	Telephone 2 (optional):		
Email:	Fax:		
Specimen signature:	Date: dd/mm/yyyy		
<b>USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY</b>	Is this entity changing its name?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
	Former entity name:		
	Is the entity also a project participant?	Yes <input checked="" type="checkbox"/> <i>(Please attach DNA confirmation)</i> No <input checked="" type="checkbox"/> <i>(For first time nomination attach documents as per CDM project cycle procedure, para. 169).</i>	
	If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
Name of entity: YYYY			
Address:			
<b>This entity is nominated as a focal</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>

**Comment [A6]:** Each focal point entity may nominate one primary and one alternate signatory.

**Comment [A7]:** Should more than one email or fax be indicated, only the first one will be taken into account.

**Comment [A8]:** Focal point representative should provide clear specimen signature which should correspond to the signature in his/her official identification card or passport.

**Comment [A9]:** Should the above entity already be a focal point and wish to inform the secretariat of a change of name, please cross 'Yes.'

**Comment [A10]:** Should the above focal point entity be changing its name, please enter former name.

**Comment [A11]:** Should the focal point also be a project participant, please cross 'Yes.' There is no need to submit a separate Annex 2.

**Comment [A12]:** If the focal point entity is being nominated for the first time, please refer to CDM project cycle procedures, para. 169.

**Comment [A13]:** Should the focal point signatories also apply to the entity in its role as project participant, cross 'Yes.' There is no need to submit a separate Annex 2.

**Comment [A14]:** Should the signatories of the entity in its role as focal point and project participant differ, the secretariat may request an Annex 2.

**Comment [A15]:** Reference comments for entity XXXX.

<b>point with the authority to:</b>				
(a)	Communicate in relation to requests for forwarding of CER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c)	Communicate on all other project or programme related matters not covered by (a) or (b) above	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Contact details (primary authorised signatory):</b>		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax:		
Specimen signature:		Date: dd/mm/yyyy		
<b>Contact details (alternate authorised signatory):</b>		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax:		
Specimen signature:		Date: dd/mm/yyyy		
<b>USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY</b>	Is this entity changing its name?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Former entity name:			
	Is the entity also a project participant?	Yes <input type="checkbox"/> <i>(Please attach DNA confirmation)</i> No <input type="checkbox"/> <i>(For first time nomination attach documents as per CDM project cycle procedure, para 169)</i>		
	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"/>		
<i>(Add rows for entities as necessary)</i>				
<b>PLEASE NOTE:</b>				

**Comment [A16]:** : If entity XXXX has the sole authority for scope (a), this should remain blank.

• **ONLY ONE AUTHORISED SIGNATORY OF EACH PROJECT PARTICIPANT** entity listed in Annex 1 of the F-CDM-MOC should sign Section 3 confirming their agreement to the MOC statement; the signatures should match those provided in Annex 1.

• **FOCAL POINT ENTITIES (WHO ARE NOT PROJECT PARTICIPANTS)** should not sign Section 3; this is intended for project participants only.

**SECTION 3: STATEMENT OF AGREEMENT (FOR PROJECT PARTICIPANTS ONLY)**

This statement shall bind all project participants and will be valid until a superseding statement is submitted to the UNFCCC secretariat **by the nominated focal point for scope of authority (b)**. The project participants shall not include or refer to private contractual arrangements in this statement such as the establishment of conditions for the designation or change of focal points or the purchase and/or sale of CERs. The project participants and focal points shall be solely responsible for honoring such arrangements. By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.

For a programme of activities, only the coordinating/managing entity shall sign this statement of agreement on behalf of all project participants.

**By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.**

*Only one primary or alternate signatory per project participant entity is required to sign below.*

For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy	For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy
For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy	For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy
For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy	For (name of entity): Name of authorised signatory: Signature:  Date: dd/mm/yyyy

*(Add rows for entities as necessary)*

F-CDM-MOC: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with F -CDM -MOC ("Modalities of communication statement").

SECTION 1: PROJECT/PROGRAMME DETAILS	
Title of CDM project activity or programme of activities:	
Project activity/programme reference number: <i>(if available)</i>	
SECTION 2: LIST OF PROJECT PARTICIPANTS	
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
mail:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:

**Comment [A17]:**  
Title should be consistent with the title indicated in all other documentation submitted for the request for registration.

**Comment [A18]:** Complete legal name of the entity (including the abbreviation of the business type, for example S.A., B.V., Plc, AG).

The name should be identical to the entity authorised in the corresponding Letter of Authorisation.

**Comment [A19]:**  
Official business address (not private).

**Comment [A20]:** Authorising party should always be included.

**Comment [A21]:** Each project participant entity may nominate one primary and one alternate signatory.

**Comment [A22]:** Should more than one email or fax be indicated, only the first one will be taken into account.

**Comment [A23]:** Project participant representative should provide clear specimen signature which should correspond to the signature in his/her official identification card or passport.

Specimen signature:		Date: dd/mm/yyyy
<b>Contact details (alternate authorised signatory):</b> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy
<b>Name of entity:</b>		
<b>Address:</b>		
<b>Party (country authorising participation):</b>		
<b>Contact details (primary authorised signatory):</b> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy
<b>Contact details (alternate authorised signatory):</b> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>		

F-CDM-MOC: ANNEX 2

This annex is to be used by the nominated focal point(s) for scope of authority (b) to request changes to project participant status and contact details of focal point entities following project/programme registration.

Date of submission:	<i>auto-fill at submission via web interface</i>	
<b>SECTION 1: PROJECT/PROGRAMME DETAILS</b>		
Title of CDM project activity or programme of activities:		
Project activity/programme reference number:		
<b>SECTION 2: ADDITION/CHANGE OF NAME OF A PROJECT PARTICIPANT</b>		
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant (if selected, indicate former name below)		
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project activity or programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.		
Name of entity:		
Address:		
Former name of project participant:		
Party (country authorising participation):		
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:	Date: dd/mm/yyyy	
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:	Date: dd/mm/yyyy	

**Comment [A24]:** Title should be consistent with the title indicated in all other documentation submitted for the request for registration.

**Comment [A25]:** Mandatory at post-registration stage.

**Comment [A26]:** Complete legal name of the entity (including the abbreviation of the business type, for example S.A., B.V., Plc, AG).

The name should be identical to the entity authorised in the corresponding Letter of Authorisation.

**Comment [A27]:** Official business address (not private).

**Comment [A28]:** Former name should be included in request to change name of project participant entity.

**Comment [A29]:** Authorising party should always be included.

**Comment [A30]:** Each project participant entity may nominate one primary and one alternate signatory.

**Comment [A31]:** Should more than one email or fax be indicated, only the first one will be taken into account.

**Comment [A32]:** Project participant representative should provide clear specimen signature which should correspond to the signature in his/her official identification card or passport.

<b>Signature(s) of the nominated focal point for scope of authority (b):</b>		
Name:	Signature:	Date: dd/mm/yyyy
<i>(Add rows for signatories as necessary). Only one signatory per focal point entity is required.</i>		
<b>SECTION 3: VOLUNTARY WITHDRAWAL OF PROJECT PARTICIPANTS</b>		
The following entity is registered as a project participant in the above CDM project activity or programme of activities and hereby confirms its voluntary consent to be removed.		
Name of entity: [ ]		
Party (country authorising participation):		
Name of authorised signatory: [ ]		
Specimen signature:		Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>		
<b>Signature(s) of the nominated focal point for scope of authority (b):</b>		
Name:	Signature:	Date: dd/mm/yyyy
<i>(Add lines for signatories as necessary). Only one signatory per focal point entity is required.</i>		
<b>SECTION 4: CHANGE OF CONTACT DETAILS (PROJECT PARTICIPANTS OR FOCAL POINT ENTITIES)</b>		
The following entity is an existing project participant/focal point entity in respect of the above CDM project activity or programme of activities and hereby requests the following changes to its contact details:		
<input type="checkbox"/> Project participant <input type="checkbox"/> Focal point <i>(Please tick one or both as appropriate)</i>		
Name of entity: [ ]		
Address:		
Party (country authorising participation):		
Contact details (primary authorised signatory):		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy

**Comment [A33]:** Complete legal name of the entity (including the abbreviation of the business type, for example S.A., B.V., Plc, AG).

The name should be identical to the entity authorised in the corresponding Letter of Authorisation.

**Comment [A34]:** Authorising party should always be included.

**Comment [A35]:** Authorised signatory as named in current MOC statement.

**Comment [A36]:** Complete legal name of the entity (including the abbreviation of the business type, for example S.A., B.V., Plc, AG).

The name should be identical to the entity authorised in the corresponding Letter of Authorisation.

**Comment [A37]:** Official business address (not private)

**Comment [A38]:** Authorising party should always be included.

**Comment [A39]:** Each project participant entity may nominate one primary and one alternate signatory.

**Comment [A40]:** Should more than one email or fax be indicated, only the first one will be taken into account.

**Comment [A41]:** Project participant representative should provide clear specimen signature which should correspond to the signature in his/her official identification card or passport.

<b>Contact details (alternate authorised signatory):</b>	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>	
<b>Signature(s) of the nominated focal point for scope of authority (b):</b>	
Name:	Signature: Date: dd/mm/yyyy
<i>(Add lines for signatories as necessary). Only one signatory per focal point entity is required.</i>	
<b>DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity as that held by the previous signatory.</b>	
<b>If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.</b>	

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**History of the document**

Version	Date	Nature of revision(s)
02.1	16 March 2012	Editorial revision to change paragraph cross-reference and other improvements.
02.0	EB 66 13 March 2012	Revision required to ensure consistency with the Clean development mechanism project cycle procedure as referenced in the Implementation plan for the clean development mechanism project standard, validation and verification standard and project cycle procedure (EB 65 report, annex 6, appendix 1)
01.4	25 July 2011	Editorial revision to include disclaimer in Annex 2, Section 4
01.3	22 February 2011	Editorial revision to include date field in Section 3: Statement of Agreement.
01.2	28 July 2010	Editorial revision to Annex 2, Sections 2, 3 and 4 to show differentiation between change of name/add project participant and PP/FP entities and to provide additional name/signatory space
01.1	20 April 2010	Editorial revision to Section 3 Statement of Agreement, adding one clarifying sentence above the signature box
01	EB 45, Annex 60 16 February 2009	Initial adoption
<b>Decision Class:</b> Regulatory <b>Document Type:</b> Form <b>Business Function:</b> Registration		