# Modalities of Communication Statement
# (Version 03.0)

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| **Date of submission:** | 02/06/2016 |

## SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

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| **Title of the project/programme of activities:** | Small scale Kashi JFM A/R CDM Project on degraded lands in Kashi Forest Division, Uttar Pradesh, India |
| **Project/programme of activities reference number:** *(if available)* | 10219 |

## 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:**
Divisional Forest Officer (DFO), Kashi Forest Division

**Address:**
Ramnagar,
District Varanasi
Kashi
Uttar Pradesh
221008 Ramnagar
India

| **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** | | |
| **(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** | | |

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|---|---|
| **Contact details (primary authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Tiwari | Telephone 1: |
| First name: Brijesh Chandra | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

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|---|---|
| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
| Last name: Arora | Telephone 1: |
| First name: Vasu Mitra | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

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|---|---|
| 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** |