

Modalities of Communication Statement (Version 03.0)

Date of submission:		25/07/20)14	
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAII	ĹS	
Title of the project/programme of activities:	BRT Bogotá, Colombia: Trans	Milenio P	hase II to I	V
Project/programme of activities reference number: <i>(if available)</i>	0672			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authori • Shared Focal Point authority - An authorized signato communication related to the corresponding scope of authori • Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authori • Mame of entity: Empresa de Transporte del Tercer Milenio - Transmilenio S.J.	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u> ty.	ow is requ	ired to sign	
Address: Av el Dorado 66 – 63 Bogota Colombia				
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding o	f CER			X
(b) Communicate in relation to requests for addition and/ project participants and focal points, as well as changes to status, contact details and specimen signatures	•			X
(c) Communicate on all other project or programme relat (a) or (b) above	ted matters not covered by			X
Contact details (primary authorized signatory):	Mr. 🗖 Ms. 🛛	1		
Last name: Rodriguez Aponte	Telephone 1:			
First name: Deysi Yasmin	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: Corporacion Andina de Fomento - CAF				
Address: Carrera 9 No 76 – 49 piso 7 Bogota Colombia				
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding o	fCER			X

CDM-MOC-FORM

		M-MOC-FORM
(b) Communicate in relation to requests for addition a project participants and focal points, as well as change status, contact details and specimen signatures		X
(c) Communicate on all other project or programme r (a) or (b) above	elated matters not covered by	X
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Gomez	Telephone 1:	
First name: Mary	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Rojas	Telephone 1:	
Last name: Rojas First name: Camilo	Telephone 1: Telephone 2 (optional):	
	1	
First name: Camilo	Telephone 2 (optional):	
First name: Camilo Email:	Telephone 2 (optional): Fax (optional):	
First name: Camilo Email:	Telephone 2 (optional): Fax (optional):	
First name: Camilo Email: Specimen signature:	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):	
First name: Camilo Email: Specimen signature: Is this entity changing its name?	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):	