

Modalities of Communication Statement (Version 03.0)

Date of submission:		13/09/2016				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Ethiopia – Clean Cooking Ener	gy Progra	m			
Project/programme of activities reference number: (if available)	10268					
SECTION 2: NOMINATION O	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: International Bank for Reconstruction and Development (IBRD) as trustee of the Carbon Initiative for Development (CiDev)						
Address: 1818 H Street, NW 20433 Washington United States of America						
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/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: Whitehouse	Telephone 1:					
First name: Simon	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. ☑ Ms. □					
Last name: Andreu	Telephone 1:					
First name: Jose	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: Development Bank of Ethopia					
Address: P.O. Box 1900 Addis Ababa Ethiopia					
This entity is nominated as a focal point with the authorit	y 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 (a) or (b) above	ted matters not covered by	X		X	
Contact details (primary authorized signatory):	Mr. ☑ Ms. □				
Last name: Hatiya	Telephone 1:				
First name: Tadesse	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒				
Last name: Girefie	Telephone 1:				
First name: Yemenzwork	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				