

Modalities of Communication Statement (Version 03.0)

Date of submission:		10/11/2015		
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAI	LS	
Title of the project/programme of activities:	10 MW Tangka/Manipi Hydro	Electric I	Power Plan	t
Project/programme of activities reference number: <i>(if available)</i>	4021			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory of communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - An authorized signato communication related to the corresponding scope of authori • <u>Joint</u> Focal Point authority - Authorized signatories of communication related to the corresponding scope of authori	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are r</u>	ow is requ	<u>iired</u> to sign	
Name of entity: Swedish Energy Agency				
Address: Kungsgatan 43 631 04 Eskilstuna Sweden				
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding o		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.	Į	, I	
Last name: Hansen	Telephone 1:			
First name: Ola	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.			
Last name: Henoch	Telephone 1:			
First name: Nils	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name?	No			
Former entity name, if applicable:	1			
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: PT Sulawesi Mini Hydro Power				

CDM-MOC-FORM

Address:
Menara Bosowa Lantai 10 Kav. B
Jl. Jend. Sudirman No.5
90115 Makassar
Indonesia

This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwardin	ng of CER			
(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 r (a) or (b) above	related matters not covered by			X
Contact details (primary authorized signatory):	Mr. 🛛 Ms.			
Last name: Syverud	Telephone 1:			
First name: Tor Sove	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.			
Last name: Odden	Telephone 1:			
First name: Oyvind	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name?	No			
Former entity name, if applicable:	I			
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			