

Modalities of Communication Statement (Version 03.0)

Date of submission:		26/02/20	020			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	CDM Sustainable Energy Prog	ramme				
Project/programme of activities reference number: <i>(if available)</i>	10124					
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES						
 Notes: <u>Sole</u> Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Shared</u> Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Joint</u> Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 						
Name of entity: The SEM Fund						
Address: Liberte 6, Extension Nord, VDN, No 31 BP 38418 Dakar Senegal						
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		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.					
Last name: Bell	Telephone 1:					
First name: Samuel	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: Swedish Energy Agency						
Address: PO Box 310, 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 of CER				X		

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(b) Communicate in relation to requests for addition a project participants and focal points, as well as chang	e l	X
status, contact details and specimen signatures (c) Communicate on all other project or programme (a) or (b) above	related matters not covered by	X
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Gustavsson	Telephone 1:	
First name: Maria	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Gustafsson	Telephone 1:	
First name: Christer	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	