



Modalities of Communication Statement (Version 03.0)

Date of submission:	13/08/2020		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	KOKO Kenya - Ethanol Cookstoves Program		
Project/programme of activities reference number: (if available)	10476		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
<p>Notes:</p> <ul style="list-style-type: none"> • Sole 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. • Shared 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. • Joint 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: Pine Tree Carbon LLC			
Address: Namdaemun-ro 5-GA 22F 110 Huam-ro, Jung-Gu Seoul Republic of Korea			
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. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: JUNG	Telephone 1:		
First name: HYUNSOOK	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?	No		
If the entity is also a project participant, do the same signatories represent it in its project participant role?			
Name of entity: KOKO Networks Limited			
Address: Level 5, Rivaan Centre Westlands 0000 Nairobi Kenya			
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Murray	Telephone 1:			
First name: Greg	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Agnew	Telephone 1:			
First name: Edward	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: Ecoeye Co., LTD				
Address: #1503, Building B, Hyundai Knowledge Industry Centre, 70, Dusan-ro, Geumcheon-gu Seoul Republic of Korea				
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Ha	Telephone 1:			
First name: Sangsun	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Rhee	Telephone 1:			
First name: Soobok	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?	No
If the entity is also a project participant, do the same signatories represent it in its project participant role?	