## Modalities of Communication Statement (Version 03.0)

**Date of submission:** 18/01/2017

### SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Ethiopia Off-Grid Renewable Energy Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>10285</td>
</tr>
</tbody>
</table>

### 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 of **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 (Ci-Dev)

**Address:**
1818 H Street, NW
D.C
20433 Washington
United States of America

**This entity is nominated as a focal point with the authority to:**

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

- Mr. Whitehouse
- Telephone 1:
- First name: Simon
- Telephone 2 (optional):
- Email:
- Fax (optional):
- Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**

- Mr. 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 Ethiopia

**Address:**
P.O.BOX 1900
Addis Ababa
Ethiopia

This entity is nominated as a focal point with the authority to:

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
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<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

<table>
<thead>
<tr>
<th>Last name: Hatiya</th>
<th>Telephone 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name: Tadesse</td>
<td>Telephone 2 (optional):</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax (optional):</td>
</tr>
</tbody>
</table>

Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**

<table>
<thead>
<tr>
<th>Last name: Girefie</th>
<th>Telephone 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name: Yemenzwork</td>
<td>Telephone 2 (optional):</td>
</tr>
<tr>
<td>Email:</td>
<td>Fax (optional):</td>
</tr>
</tbody>
</table>

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