



Modalities of Communication Statement (Version 03.0)

Date of submission:	12/03/2019		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Improved Cooking Stoves Programme of Activities in Africa		
Project/programme of activities reference number: (if available)	5341		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: • 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: Envirofit International Ltd.			
Address: 109 North College Ave, Suite 20, Fort Collins 80524 Colorado United States of America			
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: Lorenz	Telephone 1:		
First name: Nathan	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Bauer	Telephone 1:		
First name: Tim	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: CERPD Co., Ltd.			
Address: 1159, 60, Sejong-daero 9-gil, 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. ☒ Ms. ☐		
Last name: Kim	Telephone 1:		
First name: Jong Bum	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Lee	Telephone 1:		
First name: Jeonghwan	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: Swedish Energy Agency			
Address: Energimyndigheten Box No 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
(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: Chian	Telephone 1:		
First name: Sharmin	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