



## Modalities of Communication Statement (Version 03.0)

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|--|--|---------------|--------------|
| <b>Date of submission:</b>   | 17/07/2017   |               |              |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>  |  |               |              |
| <b>Title of the project/programme of activities:</b>   | Tandavanala TsinjoHarena Improved cookstoves in Madagascar           |               |              |
| <b>Project/programme of activities reference number:</b><br>(if available)   | 10352  |               |              |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>   |  |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> |  |               |              |
| <b>Name of entity:</b><br>Tandavanala  |  |               |              |
| <b>Address:</b><br>1099, Besorohitra<br>301 Fianarantsoa<br>Madagascar   |  |               |              |
| <b>This entity is nominated as a focal point with the authority to:</b>  | <b>Sole</b>  | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>   |  |               | <b>X</b>     |
| <b>(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</b>   |  |               | <b>X</b>     |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>   |  |               | <b>X</b>     |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |               |              |
| Last name: Manantsoa   | Telephone 1:   |               |              |
| First name: Tiana A.   | Telephone 2 (optional):  |               |              |
| Email:   | Fax (optional):  |               |              |
| Specimen signature:  | Date (dd/mm/yyyy):   |               |              |
| Is this entity changing its name?  | <b>No</b>  |               |              |
| Former entity name, if applicable:   |  |               |              |
| Is this entity also a project participant?   | <b>Yes</b>   |               |              |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   | <b>Yes</b>   |               |              |
| <b>Name of entity:</b><br>The Norwegian Ministry of Climate and Environment  |  |               |              |
| <b>Address:</b><br>Kongens gate 20<br>0153 Oslo,<br>Norway   |  |               |              |
| <b>This entity is nominated as a focal point with the authority to:</b>  | <b>Sole</b>  | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>   |  |               | <b>X</b>     |

|  |  |  |  |          |
|--|--|--|--|----------|
| <b>(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</b> |  |  |  | <b>X</b> |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>   |  |  |  | <b>X</b> |
| <b>Contact details (primary authorized signatory):</b>   |  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |  |          |
| Last name: Nordgaard   |  | Telephone 1:   |  |          |
| First name: Edit Anita   |  | Telephone 2 (optional):  |  |          |
| Email:   |  | Fax (optional):  |  |          |
| Specimen signature:  |  | Date (dd/mm/yyyy):   |  |          |
| <b>Contact details (alternate authorized signatory):</b>   |  | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> |  |          |
| Last name: Evjen   |  | Telephone 1:   |  |          |
| First name: Anne Smeby   |  | Telephone 2 (optional):  |  |          |
| Email:   |  | Fax (optional):  |  |          |
| Specimen signature:  |  | Date (dd/mm/yyyy):   |  |          |
| Is this entity changing its name?  |  | <b>No</b>  |  |          |
| Former entity name, if applicable:   |  |  |  |          |
| Is this entity also a project participant?   |  | <b>Yes</b>   |  |          |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   |  | <b>Yes</b>   |  |          |