Modalities of Communication Statement (Version 03.0)

Date of submission:	14/07/2014

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Kuyasa low-cost urban housing energy upgrade project, Khayelitsha (Cape Town; South Africa)
Project/programme of activities reference number: *(if available)*	0079

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 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:
City of Cape Town

Address:
12, Hertzog Boulevard, Cape Town, Western Cape, 8001
South Africa

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: Hugo	Telephone 1:
First name: Jacob	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Asmal	Telephone 1:
First name: Osman	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:
SouthSouthNorth Projects (Africa) NPC

Address: No. 2 Roodehek Street, First Floor Roodehek House, Gardens, Cape Town, 8001 South Africa			
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: Wesselink	Telephone 1:
First name: Carl	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Moosa	Telephone 1:
First name: Shehnaaz	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**