



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>	05/11/2019		
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>	BioLite Improved Cook stoves Programme		
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	7997		
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>			
Notes:			
<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> INTERNATIONAL CARBON PORTFOLIO LTD			
<b>Address:</b> 9F, N'deavor Tower, 45, Seocho-dearo 74-gil, Seocho-gu 06626 Seoul Republic of Korea			
<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>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>			
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Fernandez de Mello e Souza	Telephone 1:		
First name: Pablo	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> Norwegian Ministry of Climate and Environment			
<b>Address:</b> Kongens gate 20 0153 Oslo 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>				X
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>				X
<b>Contact details (primary authorized signatory):</b>		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: Meyer		Telephone 1:		
First name: Malin		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Klakeg		Telephone 1:		
First name: Sigurd		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> BioLite India Private Limited				
<b>Address:</b> D-12, Ground Floor, Riddhi Avenue, Chikuwadi, Borivali, West 400092 Mumbai India				
<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>				X
<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>				X
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>				X
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Wurster		Telephone 1:		
First name: Erik		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Kay		Telephone 1:		
First name: Ethan		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>