

## Modalities of Communication Statement (Version 03.0)

| Date of submission:   |   | 10/05/2023 |        |       |
|---|---|------------|--------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |   |            |        |       |
| Title of the project/programme of activities:   | Improved Cookstove Programme in Papua New Guinea by KCM |            |        |       |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>  | 10613   |            |        |       |
| 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:<br>Korea Carbon Management Ltd.   |   |            |        |       |
| Address:<br>9F, N'deavor Tower, 45, Seocho-dearo 74-gil, Seocho-gu<br>06626 Seoul<br>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<br>(a) or (b) above  |   | X          |        |       |
| Contact details (primary authorized signatory):   | Mr. 🛛 Ms.   |            |        |       |
| Last name: Winklehner   | Telephone 1:  |            |        |       |
| First name: Thomas  | 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<br>signatories represent it in its project participant role?   | Yes   |            |        |       |