



Modalities of Communication Statement (Version 03.0)

Date of submission:		06/07/2015	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Leak Reduction in Above Ground Distribution Equipment in the Gas Distribution Network UzTransgaz- Garbgaz (GGT)	
Project/programme of activities reference number: <i>(if available)</i>		4883	
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
<p>Notes:</p> <ul style="list-style-type: none"> · 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: JSC Uztransgaz			
Address: 31a, Yusuf Xos Xojib street, c. Tashkent, 100031 100031 Tashkent Uzbekistan			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Shiriyants		Telephone 1:	
First name: Arfenik		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Abramyan		Telephone 1:	
First name: Armine		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	