



Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission:

day/month/year

SECTION 1: PROJECT DETAILS

1. Title of the CDM project activity:

2. Please state project ID Number if available:

SECTION 2: NOMINATION OF FOCAL POINTS

3. Details of the entity/ies nominated as focal point

Notes:

- **Sole Focal Point authority** - A signature of an authorised signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - A signature of an authorised signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - A signature of an authorised signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

Name of the entity:

This entity is nominated as focal point for:

Sole

Shared

Joint

(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs:

(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participants (includes changes in company's name and legal status, addresses, etc.):

(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project:

Contact details (primary authorised signatory):

Mr. Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorised signatory):	Mr. Ms.
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

Name of the entity:

This entity is nominated as focal point for:	Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs:			
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participants (includes changes in company's name and legal status, addresses, etc.):			
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project:			

Contact details (primary authorised signatory):	Mr. Ms.
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorised signatory):	Mr. Ms.
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

(Add more rows as required)

SECTION 3: STATEMENT OF AGREEMENT

This statement shall bind all project participants and will be valid until a superseding statement is submitted to the CDM Executive Board and the UNFCCC secretariat at the address below by the designated focal point for communication with the Secretariat and CDM EB on matters related to registration and/or issuance. The secretariat and CDM EB are not aware of, and take no responsibility for, the private contractual arrangements and property rights between or among project participants and all project participants bear full responsibility for the continuing validity of such arrangements and rights. By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.

Only one Primary or Alternate signatory per project entity is required to sign below

For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____	For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____
For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____	For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____
For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____	For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____
For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____	For (name of entity): Full name of authorised signatory: Signature: _____ Date: _____

(Add more rows as required)

**CDM Project and Entity Assessment Unit
UNFCCC
Martin-Luther-King Str. 8
53175 Bonn
Germany**

F-CM-MOC Form: ANNEX 1

Date of submission:	day/month/year
SECTION 1: PROJECT DETAILS	
1. Title of the CDM project activity:	
2. Please state reference number if available:	
SECTION 2: LIST OF PROJECT PARTICIPANTS	
Name of the entity:	
Party (country that authorised participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	

Name of the entity:	
Party (country that authorised participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Name of the entity:	
Party (country that authorised participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
(Add more rows as required)	

F-CM-MOC Form: ANNEX 2

This form is to be used by the nominated focal point for “addition of project participants and communication of voluntary withdrawals of project participants” or by the focal point for “communication on any other matters related to registration and issuance”, as the context requires, in accordance with the existing modalities of communication at the time of submission.

Date of submission:		day/month/year
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity:		
2. Please state reference number if available:		
SECTION 2: <u>ADDITION/CHANGE OF NAME OF A PROJECT PARTICIPANT</u>		
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant:		
The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity:		
Party (country that authorised participation):		
Former name of project participant:		
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of the designated focal point for scope (b):		Date:
Name:		Signature:
Only one primary or alternate signatory per focal point entity is required.		

SECTION 3: VOLUNTARY WITHDRAWAL OF EXISTING PROJECT PARTICIPANTS

The following entity is registered as a project participant in respect of the above CDM project and hereby confirms its voluntary consent to being removed.

Name of the entity:

Party (country that authorised participation):

Name of authorised signatory:

Signature:

Signature(s) of the designated focal point for scope (b):

Date:

Name: Signature:

Only one primary or alternate signatory per focal point entity is required.

SECTION 4: CHANGE OF CONTACT DETAILS (PROJECT PARTICIPANTS OR FOCAL POINT ENTITIES)

The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:

.. Project Participant

. Focal Point

Name of the entity:

Party (country that authorised participation):

Contact details (primary authorised signatory):

Mr. Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorised signatory):

Mr. Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Signature(s) of the designated focal point for scope (b):

Date:

Name: Signature:

Only one primary or alternate signatory per focal point entity is required.

DISCLAIMER: Any new representative for a designated focal point entity is understood to hold the same scope of authority as that held by the previous signatory. If a change to a project participant requested in this section is also applicable to a focal point entity, it is understood that the project participant and the focal point entity are the same legal entity.

History of the form

Version	Date	Nature of revision(s)
01.4	25 July 2011	Editorial revision to include disclaimer in Annex 2, Section 4
01.3	22 February 2011	Editorial revision to include date field in Section 3: Statement of Agreement
01.2	28 July 2010	Editorial revision to Annex 2, Sections 2, 3 and 4 to show differentiation between change of name/add project participant and PP/FP entities and to provide additional name/signatory space
01.1	20 April 2010	Editorial revision to Section 3 Statement of Agreement, adding one clarifying sentence above the signature box.
01	EB 45, Annex 60 16 February 2009	Initial Adoption.
Decision Class: Regulatory Document Type: Form Business Function: Registration		