



Modalities of Communication Statement (Version 02.3)

Date of submission: <i>(To be left blank for submissions through DOE)</i>	<i>auto-fill at submission via web interface</i>		
SECTION 1: PROJECT DETAILS			
Title of CDM project activity or programme of activities:			
Project activity/programme reference number: <i>(if available)</i>			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: <ul style="list-style-type: none"> Sole Focal Point authority - A signature of an authorised signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority. Shared Focal Point authority - A signature of an authorised signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority. Joint Focal Point authority - A signature of an authorised signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority. 			
Name of entity:			
Address:			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact details (primary authorised signatory):		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Fax:	
Specimen signature:		Date: dd/mm/yyyy	
Contact details (alternate authorised signatory):		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Fax:	
Specimen signature:		Date: dd/mm/yyyy	
USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY	Is this entity changing its name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Former entity name:		
	Is the entity also a project participant?	Yes <input type="checkbox"/>	(Please attach DNA confirmation) No <input type="checkbox"/> (For first time nomination attach documents as per CDM project cycle procedure, para. 187).
	If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of entity:			
Address:			
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact details (primary authorised signatory):		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax:		
Specimen signature:		Date: dd/mm/yyyy		
Contact details (alternate authorised signatory):		Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax:		
Specimen signature:		Date: dd/mm/yyyy		
USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY	Is this entity changing its name?	Yes <input type="checkbox"/>		
		No <input type="checkbox"/>		
	Former entity name:			
	Is the entity also a project participant?	Yes <input type="checkbox"/>	<i>(Please attach DNA confirmation)</i>	
	No <input type="checkbox"/>	<i>(For first time nomination attach documents as per CDM project cycle procedure, para 187)</i>		
	If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes <input type="checkbox"/>		
		No <input type="checkbox"/>		
<i>(Add rows for entities as necessary)</i>				
SECTION 3: STATEMENT OF AGREEMENT				
<p>This statement shall bind all project participants and will be valid until a superseding statement is submitted to the UNFCCC secretariat <u>by the nominated focal point for scope of authority (b)</u>. The project participants shall not include or refer to private contractual arrangements in this statement such as the establishment of conditions for the designation or change of focal points or the purchase and/or sale of CERs. The project participants and focal points shall be solely responsible for honoring such arrangements. By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.</p> <p>For <u>a programme of activities</u>, only the coordinating/managing entity shall sign this statement of agreement on behalf of all project participants.</p> <p><i>Only one primary or alternate signatory per project participant entity is required to sign below.</i></p>				

<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>	<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>
<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>	<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>
<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>	<p>For (name of entity): Name of authorised signatory: Signature:</p> <p>Date: dd/mm/yyyy</p>
<p><i>(Add rows for entities as necessary)</i></p>	

CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with F -CDM -MOC ("Modalities of communication statement").

SECTION 1: PROJECT/PROGRAMME DETAILS	
Title of CDM project activity or programme of activities:	
Project activity/programme reference number: <i>(if available)</i>	
SECTION 2: LIST OF PROJECT PARTICIPANTS	
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:

Specimen signature:	Date: dd/mm/yyyy
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>	

CDM-MOC-FORM: ANNEX 2

This annex is to be used by the nominated focal point(s) for scope of authority (b) to request changes to project participant status and contact details of focal point entities following project/programme registration.

Date of submission:	<i>auto-fill at submission via web interface</i>	
SECTION 1: PROJECT/PROGRAMME DETAILS		
Title of CDM project activity or programme of activities:		
Project activity/programme reference number:		
SECTION 2: ADDITION/CHANGE OF NAME OF A PROJECT PARTICIPANT		
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant <i>(if selected, indicate former name below)</i>		
<p>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project activity or programme of activities. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</p>		
Name of entity:		
Address:		
Former name of project participant:		
Party (country authorising participation):		
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy
Contact details (alternate authorised signatory):		
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax:	
Specimen signature:		Date: dd/mm/yyyy

Signature(s) of the nominated focal point for scope of authority (b):	
Name:	Signature:
	Date: dd/mm/yyyy
<i>(Add rows for signatories as necessary). Only one signatory per focal point entity is required.</i>	
SECTION 3: VOLUNTARY WITHDRAWAL OF PROJECT PARTICIPANTS	
The following entity is registered as a project participant in the above CDM project activity or programme of activities and hereby confirms its voluntary consent to be removed.	
Name of entity:	
Party (country authorising participation):	
Name of authorised signatory:	
Specimen signature:	Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>	
Signature(s) of the nominated focal point for scope of authority (b):	
Name:	Signature:
	Date: dd/mm/yyyy
<i>(Add lines for signatories as necessary). Only one signatory per focal point entity is required.</i>	
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 activity or programme of activities and hereby requests the following changes to its contact details:	
<input type="checkbox"/> Project participant <input type="checkbox"/> Focal point <i>(Please tick one or both as appropriate)</i>	
Name of entity:	
Address:	
Party (country authorising participation):	
Contact details (primary authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy

Contact details (alternate authorised signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax:
Specimen signature:	Date: dd/mm/yyyy
<i>(Add rows for entities as necessary)</i>	
Signature(s) of the nominated focal point for scope of authority (b):	
Name:	Signature: Date: dd/mm/yyyy
<i>(Add lines for signatories as necessary). Only one signatory per focal point entity is required.</i>	
DISCLAIMER: Any new representative for a focal point entity is understood to hold the same authority designated to him/her by the entity 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 are the same legal entity, with the same legal registration in the respective jurisdiction.	

Document information

<i>Version</i>	<i>Date</i>	<i>Description</i>
02.3	22 May 2015	Editorial revision to change paragraph reference in Section 2.
02.2	17 March 2015	Change the form symbol from F-CDM-MOC to CDM-MOC-FORM and other minor editorial improvements.
02.1	16 March 2012	Editorial revision to change paragraph reference and other improvements.
02.0	13 March 2012	EB 66. Revision required to ensure consistency with the Clean development mechanism project cycle procedure as referenced in the implementation plan for the clean development mechanism project standard, validation and verification standard and project cycle procedure (EB 65, Annex 6, appendix 1).
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, Section 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.
01.0	16 February 2009	EB 45, Annex 60 Initial adoption.

Decision Class: Regulatory
Document Type: Form
Business Function: Registration
Keywords: modalities of communication