



Modalities of Communication Statement (Version 03.0)

Date of submission: <i>(To be left blank for submissions through DOE)</i>	<i>auto-fill at submission via web interface</i>		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:			
Project/programme of activities 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 - 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 of <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:			
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 authorized signatory):		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Fax (optional):	
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, if applicable:		
	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 the applicable CDM project cycle procedure)	
	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 authorized signatory):		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date: dd/mm/yyyy		
Contact details (alternate authorized signatory):		Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Last name:		Telephone 1:		
First name:		Telephone 2 (optional):		
Email:		Fax (optional):		
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, if applicable:			
	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 the applicable CDM project cycle procedure)		
	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"/>		
(Add rows for entities as necessary)				
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) or by any project participant.</u></p> <p>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.</p> <p>By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.</p>				

For a project, only one signatory per project participant entity (primary or alternate) is required to sign below.

For a programme of activities, only the coordinating/managing entity shall sign this statement of agreement on behalf of all project participants.

For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy	For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy
For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy	For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy
For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy	For (name of entity): Name of authorized signatory: Signature: Date: dd/mm/yyyy
(Add rows for entities as necessary)	

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 CDM –MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project/programme of activities:	
Project/programme of activities reference number: (if available)	
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity:	
Address:	
Party (country authorizing participation):	
End-date of participation: <input type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> DD/MM/YYYY	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Name of entity:	
Address:	
Party (country authorizing participation):	
End-date of participation: <input type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> DD/MM/YYYY	

Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Name of entity:	
Address:	
Party (country authorizing participation):	
End-date of participation: <input type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> DD/MM/YYYY	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
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 focal point(s) for scope of authority (b) or by the submitting project participant when applicable, to request changes to project participant status and contact details of focal points following project/programme registration.

Date of submission:	<i>auto-fill at submission via web interface</i>	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS		
Title of the project/programme of activities:		
Project/programme of activities reference number:		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF A PROJECT PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add project participant entity <input type="checkbox"/> Change legal name of project participant entity <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/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 entity (if applicable):		
Party (country authorizing participation):		
End-date of participation: <input type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> DD/MM/YYYY		
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date: dd/mm/yyyy
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:	
First name:	Telephone 2 (optional):	
Email:	Fax (optional):	

Specimen signature:	Date: dd/mm/yyyy
Signature(s) of the focal point for scope of authority (b): Name of authorized signatory: Signature: _____ Date: dd/mm/yyyy	
<i>(Add rows for signatories as necessary. Only one signatory per focal point is required.)</i>	
SECTION 3: WITHDRAWAL OF PROJECT PARTICIPANT ENTITY/IES	
<input type="checkbox"/> Voluntary withdrawal <input type="checkbox"/> Administrative withdrawal	
Name of entity:	
Party (country authorizing participation):	
For voluntary withdrawal:	The following entity is registered as a project participant in the above CDM project/programme of activities and hereby confirms its voluntary consent to be withdrawn. Name of authorized signatory: Signature: _____ Date: dd/mm/yyyy
For administrative withdrawal:	<input type="checkbox"/> Tick to confirm that evidence of communication as per the CDM project cycle procedure has been attached
<i>(Add rows for entities as necessary)</i>	
Signature(s) of the focal point for scope of authority (b) or the project participant requesting the withdrawal (*) Name of authorized signatory: Signature: _____ Date: dd/mm/yyyy <i>(Add lines for signatories as necessary. Only one signatory per entity is required.)</i> <i>(*) In the case of programme of activities, this section shall be signed by the focal point(s) for scope (b)!</i>	
SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (PROJECT PARTICIPANTS AND FOCAL POINTS)	
The following entity is an existing project participant/focal point entity in respect of the above CDM project/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 authorizing participation):	
Contact details (primary authorized signatory):	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
<i>(Add rows for entities as necessary)</i>	
Signature(s) of the focal point for scope of authority (b) or the project participant to whom the changes apply (*): Name of authorized signatory: _____ Signature: _____ Date: dd/mm/yyyy <i>(Add lines for signatories as necessary. Only one signatory per entity is required).</i> <i>(*) In the case of a programme of activities, this section shall be signed by the focal point(s) for scope (b)!</i> DISCLAIMER: Any new representative for a focal point 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, 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.	

SECTION 5: ADDITION OF, OR CHANGE TO, THE END-DATE OF PARTICIPATION

The following entity is registered as a project participant in the above CDM project/programme of activities and hereby confirms its voluntary consent to change the date until which it will participate in the project.

Name of entity:

Party (country authorizing participation):

End-date of participation: ☐ N/A (participation is not limited in time) ☐ DD/MM/YYYY

Name of authorized signatory:

Signature:

Date: dd/mm/yyyy

(Add rows for entities as necessary)

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

Name of authorized signatory:

Signature:

Date: dd/mm/yyyy

(Add lines for signatories as necessary. Only one signatory per focal point is required.)

CDM-MOC-FORM: ANNEX 3

This annex is to be used by a focal point of a CDM project activity to request its voluntary withdrawal from its role(s) as a focal point.

Date of submission:	<i>auto-fill at submission via web interface</i>	
SECTION 1: CDM PROJECT DETAILS		
Title of the project activity:		
Project activity reference number:		
SECTION 2: VOLUNTARY WITHDRAWAL OF FOCAL POINT ENTITY/IES		
The following entity is designated as a focal point in the above CDM project activity and hereby confirms its voluntary consent to be withdrawn from its role as focal point.		
Name of entity:		
Name of authorized signatory:		
Signature:		Date: dd/mm/yyyy
<input type="checkbox"/> Tick to confirm that evidence of communication as per the CDM project cycle procedure has been attached		
Signature(s) of the focal point for scope of authority (b) or the withdrawing focal point entity: Name of authorized signatory: Signature: Date: dd/mm/yyyy (Add lines for signatories as necessary. Only one signatory per entity is required.)		

Document information

<i>Version</i>	<i>Date</i>	<i>Description</i>
03.0	23 May 2017	Revision to: <ul style="list-style-type: none"> • Ensure consistency with the version 01.0 of “CDM project standard for project activities” (CDM-EB93-A04-STAN) and version 01.0 of “CDM project standard for programme of activities (CDM-EB93-A07-STAN); • Make editorial improvements.
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		