



**MODALITIES OF COMMUNICATION STATEMENT FORM
FOR ARTICLE 6.4 PROJECTS**
(Version 01.0)

Date of submission:

(To be left blank for submissions through DOE)

*auto-fill at submission
via web interface*

SECTION 1: ARTICLE 6.4 PROJECT DETAILS

Project title:

UNFCCC project reference number:

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 of 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:

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 A6.4ERs

☐
☐
☐

(b) Communicate in relation to changes to the Modalities of Communication (MoC) statement

☐
☐
☐

(c) Communicate on all other project related matters not covered by (a) or (b) above

☐
☐
☐

Contact details (primary authorized signatory):

Last name:

Telephone 1:

First name:

Telephone 2 (optional):

Email:

Mobile (optional):

Specimen signature:		Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):			
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Mobile (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 an activity participant?	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 A6.4ERs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Communicate in relation to changes to the MoC statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Communicate on all other project related matters not covered by (a) or (b) above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact details (primary authorized signatory):			
Last name:		Telephone 1:	
First name:		Telephone 2 (optional):	
Email:		Mobile (optional):	
Specimen signature:		Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):			
Last name:		Telephone 1:	

First name:		Telephone 2 (optional):	
Email:		Mobile (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 an activity participant?	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 activity 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 activity participant.</u></p> <p>The activity 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 A6.4 ERs. The activity participants and focal points shall be solely responsible for honouring such arrangements.</p> <p>By signing below, all activity participants confirm that they agree to the terms of this agreement on a voluntary basis.</p> <p>For <u>a project</u>, only one signatory per activity participant entity (primary or alternate) is required to sign below.</p>			
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)	

ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with A6.4-FORM-AC-027 ("Modalities of communication statement form for Article 6.4 projects").

SECTION 1: ARTICLE 6.4 PROJECT DETAILS	
Project title:	
UNFCCC project reference number:	
SECTION 2: LIST OF ACTIVITY 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):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (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):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (optional):
Specimen signature: Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (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):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (optional):
Specimen signature: Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (optional):
Specimen signature: Date: dd/mm/yyyy	
<i>(Add rows for entities as necessary)</i>	

ANNEX 2

This annex is to be used by the focal point(s) for scope of authority (b), or by the submitting activity participant when applicable, to request changes to activity participant status and contact details of focal points following project registration.

Date of submission:	<i>auto-fill at submission via web interface</i>	
SECTION 1: ARTICLE 6.4 PROJECT DETAILS		
Project title:		
UNFCCC project reference number:		
SECTION 2: ADDITION/CHANGE OF LEGAL NAME OF AN ACTIVITY PARTICIPANT ENTITY/IES		
<input type="checkbox"/> Add activity participant entity <input type="checkbox"/> Change legal name of activity participant entity <i>(if selected, indicate former name below)</i> <p>The following entity is hereby added as an activity participant or is newly named in respect of the above A6.4 project. By providing a specimen signature below, the activity participant confirms its acceptance of the current modalities of communication.</p>		
Name of entity:		
Address:		
Former name of activity 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):		
Last name:		Telephone 1:
First name:		Telephone 2 (optional):
Email:		Mobile (optional):
Specimen signature:		Date: dd/mm/yyyy
Contact details (alternate authorized signatory):		
Last name:		Telephone 1:
First name:		Telephone 2 (optional):
Email:		Mobile (optional):
Specimen signature:		Date: dd/mm/yyyy

Signature(s) of the focal point for scope of authority (b) or the activity participant only when requesting changes to their own legal name:

Name of authorized signatory:

Signature:

Date: dd/mm/yyyy

(Add rows for signatories as necessary. Only one signatory per focal point/activity participant is required.)

SECTION 3: WITHDRAWAL OF ACTIVITY PARTICIPANT ENTITY/IES

☐ **Voluntary withdrawal**

☐ **Administrative withdrawal**

Name of entity:

Party (country authorizing participation):

For voluntary withdrawal:

The following entity is registered as an activity participant in the above A6.4 project and hereby confirms its consent to be withdrawn.

Name of authorized signatory:

Signature:

Date: dd/mm/yyyy

For administrative withdrawal:

☐ Tick to confirm that evidence of communication as per the Article 6.4 activity cycle procedure has been attached.

(Add rows for entities as necessary)

Signature(s) of the focal point for scope of authority (b) or the activity participant requesting its own withdrawal

Name of authorized signatory:

Signature:

Date: dd/mm/yyyy

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

SECTION 4: CHANGE OF CONTACT DETAILS OF ENTITY/IES (ACTIVITY PARTICIPANTS AND FOCAL POINTS)

The following entity is an existing activity participant/focal point entity in respect of the above A6.4 project and hereby requests the following changes to its contact details:

☐ **Activity participant**

☐ **Focal point**

(Please tick one or both as appropriate)

Name of entity:

Address:

Party (country authorizing participation):	
Contact details (primary authorized signatory):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (optional):
Specimen signature: _____ Date: dd/mm/yyyy	
Contact details (alternate authorized signatory):	
Last name:	Telephone 1:
First name:	Telephone 2 (optional):
Email:	Mobile (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 activity 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>	
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 an activity participant requested in this section is also applicable to a focal point, it is understood that the activity 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 an activity participant in the above A6.4 project 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.)

ANNEX 3

This annex is to be used by a focal point of an A6.4 project activity to request its voluntary withdrawal from its role(s) as a focal point.

Date of submission:		auto-fill at submission via web interface	
SECTION 1: ARTICLE 6.4 PROJECT DETAILS			
Project title:			
UNFCCC project reference number:			
SECTION 2: VOLUNTARY WITHDRAWAL OF FOCAL POINT ENTITY/IES			
The following entity is designated as a focal point in the above A 6.4 project and hereby requests its withdrawal 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 Article 6.4 activity 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.)			

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Document information

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01.0	11 December 2024	Initial publication of form template.
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