



JCM Modalities of Communication Statement Form

Section 1: Project description	
Title of the project	Installation of Tribid System to mobile communication's Base Transceiver Stations in Republic of Indonesia
Country	Indonesia
Date of Submission	24/01/2018

Section 2: Nomination of focal point entity(ies)	
Name of entity: KDDI CORPORATION Address (incl. postcode): GARDEN AIR TOWER, 3-10-10, Iidabashi, Chiyoda-ku, Tokyo 102-8460, Japna Telephone: N/A Fax: N/A E-mail: N/A Website: http://www.kddi.com/english	
Primary authorised signatory: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Ito First name: Keiji Title: Head of Global ICT Business Division Specimen signature:  Date: dd/mm/yyyy 12/01/2018	
Alternate authorised signatory: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Hiroshi First name: Uchida Title: General Manager of Global ICT Business Promotion Department Specimen signature:  Date: dd/mm/yyyy 12/01/2018	
Contact person: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Youichi First name: Iriuchijima Title: Senior Manager of Global ICT Business Promotion Department Department: Global ICT Business Promotion Department Mobile: +81 80 5943-9608 Direct tel.: +81 3-6678-0872 E-mail: yo-iriuchijima@kddi.com Direct fax: +81 3-6678-0230	
USE THIS SECTION FOR POST-REGISTRATION	Is this entity changing its name? Yes <input type="checkbox"/> (Former entity name:) No <input type="checkbox"/>
	Is the entity also a project participant? Yes <input type="checkbox"/> No <input type="checkbox"/>

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"/>
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*Tables should be added, if more than one focal points are designated.

Section 3: Third-party entity (TPE)			
Name of the TPE that conducts validation (and verification) for the project:	JAPAN	QUALITY	ASSURANCE
	ORGANIZATION		
Address (incl. postcode): 1-25,Kandasudacho,Chiyoda-ku,Tokyo 101-8555,Japan			
Contact person:	Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>	
Last name: Tanabe	First name: Koichiro		
Title: Manager			
Department: Global Environment Department			
E-mail: tanabe-koichiro@jqa.jp	Telephone: +81-3-4560-5527		

Section 4: List of project participants other than nominated focal point entity(ies)	
	Name of project participant
(1)	PT XL Axiata Tbk.
(2)	
(3)	
(4)	
(5)	
(6)	

*Rows may be added, as needed

*Contact information of each participant is indicated in Section 5.

JCM Modalities of Communication Statement Form**ANNEX 1**

This annex is to be used by the nominated focal point(s) to request changes to project participant status and contact details of focal point entity(ies) following project registration.



Section 1: Project details	
Title of the project	Installation of Tribid System to mobile communication's Base Transceiver Stations in Republic of Indonesia
Country	Indonesia
Project reference number:	ID016
Date of Submission	26 /10/2018

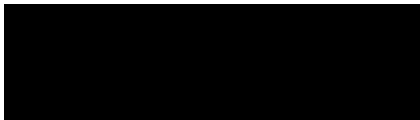
Section 2: Addition/change of name of a project participant	
<input type="checkbox"/> Add project participant <input type="checkbox"/> Change name of project participant (if selected, indicate former name below)	
<p>The following entity is hereby added as a project participant or is newly named in respect of the above project. By providing a specimen signature below, the project participant confirms its acceptance of the current modalities of communication.</p>	
Name of entity: Address (incl. postcode): Former name of project participant (if applicable): Telephone: Fax: E-mail: Website:	
Primary authorised signatory: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: First name: Title: Specimen signature: Date: dd/mm/yyyy	
Alternate authorised signatory: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Last name: First name: Title: Specimen signature: Date: dd/mm/yyyy	
Contact person: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	

Last name:	First name:
Title:	
Department:	
Mobile:	Direct tel.:
E-mail:	Direct fax:
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: dd/mm/yyyy

Section 3: Voluntary withdrawal of project participants	
The following entity is registered as a project participant in the above project and hereby confirms its voluntary consent to be removed.	
Name of entity:	
Name of authorised signatory:	Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last name:	First name:
Title:	
Specimen signature:	Date: dd/mm/yyyy
*Rows may be added, as needed	
Signature of the nominated focal point:	
Name:	
Specimen signature:	Date: dd/mm/yyyy

Section 4: Change of contact details (project participants or focal point entity(ies))	
The following entity is an existing project participant/focal point entity in respect of the above project and hereby requests the following changes to its contact details:	
<input type="checkbox"/> Project participant <input checked="" type="checkbox"/> Focal point	
Name of entity: KDDI CORPORATION	
Address (incl. postcode): GARDEN AIR TOWER, 3-10-10, Iidabashi, Chiyoda-ku, Tokyo 102-8460, Japan	
Telephone: N/A	Fax: N/A
E-mail: N/A	Website:
	http://www.kddi.com/english

Primary authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Shiozaki		First name: Yasuhiko	
Title: Administrative Officer, Head of Global ICT Business Division			
Specimen signature:		Date: dd/mm/yyyy	
		26/10/2018	
Alternate authorised signatory:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Nishimori		First name: Katsuya	
Title: General Manager, Director of Global ICT Sales & Marketing Department			
Specimen signature:		Date: dd/mm/yyyy	
		26/10/2018	
Contact person:		Mr. <input checked="" type="checkbox"/>	Ms. <input type="checkbox"/>
Last name: Imanari		First name: Hiromi	
Title: Senior Manager			
Department: Global ICT Sales & Marketing Department			
Mobile: +81 80 5072 9593		Direct tel.: N/A	
E-mail: hi-imanari@kddi.com		Direct fax: +81 3 6678 0230	
*Rows may be added, as needed			

Signature of the nominated focal point:	
Name: Yasuhiko Shiozaki	
Specimen signature:	Date: dd/mm/yyyy
	26/10/2018
<p>DISCLAIMER: Any new representative for a focal point entity is recognized to hold the same authority designated to him/her by the entity as that held by the previous signatory.</p> <p>If a change to a project participant requested in this section is also applicable to a focal point entity, it is recognized that the project participant and the focal point are the same legal entity, with the same legal registration in the respective jurisdiction.</p>	