



JCM Modalities of Communication Statement Form

| Section 1: Project description | |
|--------------------------------|--|
| Title of the project | Reducing GHG emission at textile factories by upgrading to air-saving loom |
| Country | Republic of Indonesia |
| Date of Submission | 25/09/2017 |

| Section 2: Nomination of focal point entity(ies) | |
|---|---|
| Name of entity: Toray Industries, Inc. Address (incl. postcode): 1-1, Sonoyama 1-chome, Otsu, Shiga 520-8558, Japan Telephone: +81-77-533-8118 Fax: +81-77-534-3185 E-mail: Junya_Taniguchi@nts.toray.co.jp Website: http://www.toray.co.jp | |
| Primary authorised signatory: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Okada First name: Hideki Title: Section Manager Specimen signature:  Date: 25/09/2017 | |
| Alternate authorised signatory: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Taniguchi First name: Junya Title: Senior Staff Specimen signature:  Date: 25/09/2017 | |
| Contact person: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Last name: Taniguchi First name: Junya Title: Senior Staff Department: Textiles Technical Dept. Mobile: 080-1401-7732 Direct tel.: +81-77-533-8118 E-mail: Junya_Taniguchi@nts.toray.co.jp Direct fax: +81-77-534-3185 | |
| USE THIS SECTION FOR POST-REGISTRATION SUBMISSIONS ONLY | 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"/> |

*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: MUTU Certification (PT. MUTUAGUNG LESTARI) | |
| Address (incl. postcode): Jl. Raya Bogor Km 33.5 No. 19 Cimanggis, Depok 16953 Indonesia | |
| Contact person: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: SIDAURUK | First name: FERRY |
| Title: LEAD VALIDATOR&VERIFIER - JCM/GHG/SUSTAINABILITY CERTIFICATION | |
| Department: INTERNATIONAL STRATEGIC BUSINESS DEVELOPMENT | |
| E-mail: ferry@mutucertification.com ferry.sidauruk@yahoo.com | Telephone: +62 812 8457-8800 |

| Section 4: List of project participants other than nominated focal point entity(ies) | |
|--|---|
| | Name of project participant |
| (1) | P.T. Century Textile Industry Tbk (CENTEX) |
| (2) | P.T. Easterntex |
| (3) | P.T. Indonesia Synthetic Textile Milles (ISTEM) |
| (4) | |
| (5) | |
| (6) | |

*Rows may be added, as needed

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

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ANNEX 1

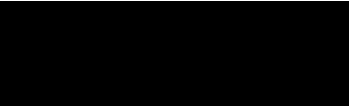
This annex is to be used by the nominated focal point(s) to request changes to project participant status and contact details of focal point entity(ies) following project registration.

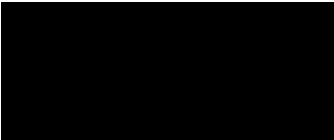
| Section 1: Project details | |
|----------------------------|--|
| Title of the project | Reducing GHG emission at textile factories by upgrading to air-saving loom |
| Country | Republic of Indonesia |
| Project reference number: | ID015 |
| Date of Submission | 26/04/2019 |

| 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: | Toray Industries, Inc. |
| Address (incl. postcode): 1-1, Sonoyama 1-chome, Otsu, Shiga 520-8558, Japan | |
| Telephone: +81-77-533-8118 | Fax: +81-77-534-3185 |
| E-mail: yoshiaki.kataoka.k5@mail.toray | Website: http://www.toray.co.jp |
| Primary authorised signatory: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Akizuki | First name: Kenji |
| Title: Section manager | |
| Specimen signature: |  Date: 30/10/2019 |
| Alternate authorised signatory: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Kataoka | First name: Yoshiaki |
| Title: Senior Staff | |
| Specimen signature: |  Date: 30/10/2019 |
| Contact person: | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Kataoka | First name: Yoshiaki |
| Title: Senior Staff | |
| Department: Textiles Technical Dept | |
| Mobile: +81-70-4364-5298 | Direct tel.: +81-77-533-8118 |
| E-mail: yoshiaki.kataoka.k5@mail.toray | Direct fax: +81-77-534-3185 |
| *Rows may be added, as needed | |

| | |
|---|---|
| Signature of the nominated focal point: | |
| Name: Kenji Akizuki | |
| Specimen signature: |  Date: 30/10/2019 |
| <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> | |