



Modalities of Communication Statement (Version 03.0)

Date of submission:	10/08/2016												
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS													
Title of the project/programme of activities:	UAE Small Scale Solar Programme of Activities												
Project/programme of activities reference number: (if available)	10289												
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES													
<p>Notes:</p> <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 <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: Dubai Electricity and Water Authority													
Address: DEWA Head Office, near Wafi Mall P.O. Box 564 Dubai United Arab Emirates													
This entity is nominated as a focal point with the authority to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Sole</th> <th style="width: 20%;">Shared</th> <th style="width: 20%;">Joint</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Sole	Shared	Joint			X			X			X
Sole	Shared	Joint											
		X											
		X											
		X											
(a) Communicate in relation to requests for forwarding of CER													
(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													
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above													
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: AlShamsi	Telephone 1:												
First name: Mohammed Abdulkareem	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>												
Last name: Jacekova	Telephone 1:												
First name: Veronika	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
Is this entity changing its name?	No												
Former entity name, if applicable:													
Is this entity also a project participant?	Yes												
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes												
Name of entity: Dubai Carbon Centre of Excellence													

Address: P.O. Box 333992 Dubai United Arab Emirates			
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			X
(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			X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			X
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Iannelli	Telephone 1:		
First name: Ivano	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Salman	Telephone 1:		
First name: Waleed	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?	No		
Former entity name, if applicable:			
Is this entity also a project participant?	Yes		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes		