



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>		16/02/2021	
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>		Uganda Nile Basin Reforestation Project No.3	
<b>Project/programme of activities reference number:</b> (if available)		1578	
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>			
<p>Notes:</p> <ul style="list-style-type: none"> <li>• <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>• <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>• <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>			
<b>Name of entity:</b> National Forestry Authority (NFA)			
<b>Address:</b> Spring Road, Plot 10/20, P.O.Box 70863 Kampala Uganda			
<b>This entity is nominated as a focal point with the authority to:</b>		<b>Sole</b>	<b>Shared</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>		<b>X</b>	
<b>(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</b>		<b>X</b>	
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>		<b>X</b>	
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Okello		Telephone 1:	
First name: Tom Obong		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Musamali		Telephone 1:	
First name: Paul Buyerah		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?		<b>No</b>	
Former entity name, if applicable:			
Is this entity also a project participant?		<b>Yes</b>	
If the entity is also a project participant, do the same signatories represent it in its project participant role?		<b>Yes</b>	