

## Modalities of Communication Statement (Version 03.0)

Date of submission:		12/05/2	022				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	Fatima N2O Abatement Projec	:t					
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	5461						
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 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.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.   • Mame of entity:							
Fatima Fertilizer Company Limited   Address:   E-110 KHAYABAN E JINNAH CANTT   54000 Lahore   Pakistan							
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				Х			
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	1					
Last name: Fateh	Telephone 1:						
First name: Pervez	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature: Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.						
Last name: Mustafa	Telephone 1:						
First name: Kashif	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: N.serve Environmental Services GmbH							

Address:
Grosse Theaterstr. 14
20354 Hamburg
Germany

Germany						
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. 🛛 Ms.					
Last name: Gutknecht-Stöhr	Telephone 1:					
First name: Nikolaus	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.					
Last name: von Velsen-Zerweck	Telephone 1:					
First name: Marten	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					