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Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission		08/02/2	2011	
Section 1: Project Details				
1. Title of the CDM project activity	HFC23 Decomposition Proje P. R. China	HFC23 Decomposition Project of Zhejiang Juhua Co., Lt P. R. China		Co., Ltd,
2. Please state project ID Number if available	0193	0193		
Section 2: Non	nination of Focal Point			
3. Details of the entity/ies nominated as focal point				
communication related to the corresponding scope of aut · Shared Focal Point authority - A signature of an	authorized signatory of ANY of the	e entities li	sted below:	<u>is</u>
	authorized signatory of <u>ANY of the</u> scope of authority. athorized signatory of <u>ALL entities</u>			
 Shared Focal Point authority - A signature of an required for communication related to the corresponding Joint Focal Point authority - A signature of an autommunication related to the corresponding scope of automated Name of the entity: 	authorized signatory of <u>ANY of the</u> scope of authority. athorized signatory of <u>ALL entities</u>			
Shared Focal Point authority - A signature of an required for communication related to the corresponding Joint Focal Point authority - A signature of an autommunication related to the corresponding scope of automated to the entity: Zhejiang Juhua Co., Ltd.	authorized signatory of ANY of the scope of authority. athorized signatory of ALL entities thority.	listed belo	w are requir	red_for

 Contact details (primary authorized signatory):
 Mr.

 Last name: Chen
 Telephone:

 First name: Kefeng
 Fax:

 Email:
 Address:

(c) Communication with the secretariat and CDM EB on matters related to

registration and/or issuance. Select this scope if the entity is to be copied on all

Specimen signature:

Contact details (alternate authorized signatory):	Mr.
Last name: Zhang	Telephone:
First name: Xueliang	Fax:
Email:	Address:
Specimen signature:	

Specimen signature: