



Modalities of Communication Statement (Version 03.0)

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| Date of submission: | 18/02/2018 | | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | |
| Title of the project/programme of activities: | Distribution of ONIL Stoves—Guatemala | | |
| Project/programme of activities reference number: (if available) | 8480 | | |
| 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: HELPS International Incorporated | | | |
| Address: 13 Ave. "B" 24-28 Zona 13 01007 Guatemala Guatemala | | | |
| 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: Miller | Telephone 1: | | |
| First name: Steve | 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: Loarca Mendez | Telephone 1: | | |
| First name: Jose Luis | 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: C-Quest Capital LLC | | | |

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| Address: 1015 18th Street, NW - Suite 730 20036 Washington, DC United States of America | | | |
| 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: Newcombe | Telephone 1: | | |
| First name: Ken | 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: Alegre | Telephone 1: | | |
| First name: Isabel | 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: Ecoeye Co., Ltd | | | |
| Address: 1503, TowerB, 70, Dusan-ro, Geumcheon-gu Seoul Republic of Korea | | | |
| 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: Rhee | Telephone 1: | | |
| First name: Soo Bok | Telephone 2 (optional): | | |
| Email: | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | |

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| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |
| Last name: Ha | Telephone 1: |
| First name: Sang Sun | 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 |