

Modalities of Communication Form

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

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Date of submission		11/04/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Improving Energy Efficiency i Quarters – Northern Region.	Improving Energy Efficiency in Railways' Residential Quarters – Northern Region.		
2. Please state project ID Number if available	3766			
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
Notes:				

Notes:

- · <u>Sole</u> Focal Point authority A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.
- · <u>Shared</u> Focal Point authority A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.
- · <u>Joint</u> Focal Point authority A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.

Name of the entity:

Ministry of Railways (Railway Board)

Ministry of Kallways (Kallway Board)				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				X
				X
(c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: Kumar	Telephone:			
First name: Sudheer	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Tiwari	Telephone:			
First name: Ved Mani	Fax:			
Email:	Address:			
Specimen signature:				

Name of the entity: C-Quest Capital Malaysia Limited				
This entity is nominated as focal point for:		Sole	Shared	Joint
 (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc. 				X
				X
(c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the enticommunication related to the project				X
Contact details (primary authorized signatory):	Mr.	·		
Last name: Newcombe	Telephone:			
First name: Kenneth	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: Alegre	Telephone:	<u> </u>		
First name: Isabel	Fax:			
Email:	Address:			
Name of the entity: Swedish Energy Agency				
· ·		Sole	Shared	Joint
Swedish Energy Agency	ate with the CDM EB on	Sole	Shared	Joint X
Swedish Energy Agency This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communication of the secretariation of the se	ants and/or to communicate of project participant	Sole	Shared	
Swedish Energy Agency This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communica allocation/forwarding of CERs (b) Authority to request the addition of project particip any voluntary withdrawal and to update contact details	ants and/or to communicate of project participant addresses etc. on matters related to	Sole	Shared	X
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This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communical allocation/forwarding of CERs (b) Authority to request the addition of project participany voluntary withdrawal and to update contact details (includes changes in company's name and legal status, a (c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the enticommunication related to the project Contact details (primary authorized signatory): Last name: Boström First name: Bengt Email: Specimen signature:	ants and/or to communicate of project participant addresses etc. In matters related to ty is to be copied on all Mr. Telephone: Fax: Address: Ms.	Sole	Shared	X
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