

Modalities of Communication Statement (Version 03.0)

Date of submission:		11/08/2	015					
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS								
Title of the project/programme of activities:	SimGas Biogas Programme of	Activitie	S					
Project/programme of activities reference number: <i>(if available)</i>	7734							
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: SimGas IP BV								
Address: Binckhorstlaan 36 2516 BE The Hague Netherlands								
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.	1						
Last name: Castro	Telephone 1:							
First name: Sanne	Telephone 2 (optional):							
Email:	Fax (optional):							
Specimen signature: Date (dd/mm/yyyy):								
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.							
Last name: Castro	Telephone 1:							
First name: Mirik	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: Stiftung Zukunft des Kohlenstoffmarktes								

Address:
Palmengartenstrasse 5-9
60325 Frankfurt am Main
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						
(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						
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	-				
Last name: Boerner	Telephone 1:					
First name: Matthias	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛					
Last name: Ahlberg	Telephone 1:					
First name: Malin	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					