



## 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: 17/03/2009

### SECTION 1: PROJECT DETAILS

1. Title of the CDM project activity: Tianjin TEDA Sewage Methane Recovery Project

2. Please state project ID Number if available:

### SECTION 2: NOMINATION OF FOCAL POINTS

3. Details of the entity/ies nominated as focal point

**Notes:**

- **Sole Focal Point authority** - A signature of an authorised signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - A signature of an authorised signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - A signature of an authorised signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

Name of the entity: EcoSecurities International 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:	[x]		
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participants (includes changes in company's name and legal status, addresses, etc.):	[x]		
(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 communication related to the project:	[x]		

Contact details (primary authorised signatory):

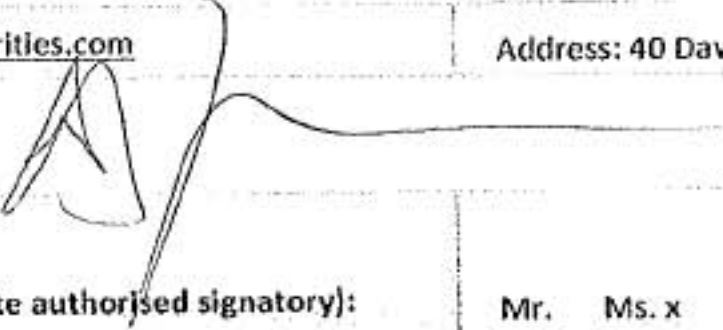
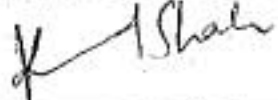
Mr. x Ms.

Last name: Browne

Telephone: +353 1613 9814

First name: Patrick James

Fax: +353 1672 4716

Email: <u>cdm@ecosecurities.com</u>	Address: 40 Dawson Street, Dublin 2, Ireland
Specimen signature: 	
Contact details (alternate authorised signatory):	Mr. Ms. x
Last name: Shah	Telephone: +353 1613 9814
First name: Komal	Fax: +353 1672 4716
Email: <u>cdm@ecosecurities.com</u>	Address: 40 Dawson Street, Dublin 2, Ireland
Specimen signature: 	

Name of the entity:

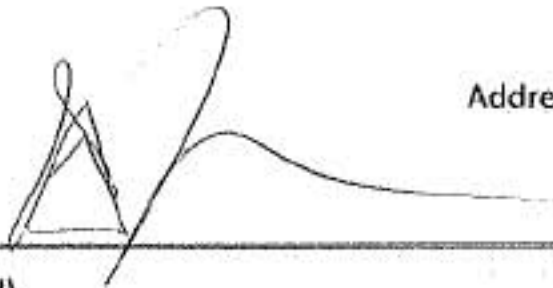
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(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participants (includes changes in company's name and legal status, addresses, etc.):			
(c) Communication 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 communication related to the project:			

Contact details (primary authorised signatory):	Mr. Ms.
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorised signatory):	Mr. Ms.
Last name:	Telephone:
First name:	Fax:

Email:

Address:


Specimen signature:




(Add more rows as required)

**SECTION 3: STATEMENT OF AGREEMENT**

This statement shall bind all project participants and will be valid until a superseding statement is submitted to the CDM Executive Board and the UNFCCC secretariat at the address below by the designated focal point for communication with the Secretariat and CDM EB on matters related to registration and/or issuance. The secretariat and CDM EB are not aware of, and take no responsibility for, the private contractual arrangements and property rights between or among project participants and all project participants bear full responsibility for the continuing validity of such arrangements and rights. By signing below, all project participants confirm that they agree to the terms of this agreement on a voluntary basis.

For (name of entity): EcoSecurities International Ltd  
Full name of authorised signatory: Patrick James Browne  
Signature: 

For (name of entity): Tianjin TEDA Alcohol Co., Ltd.  
Full name of authorised signatory: Wenyu Liu  
Signature: wen yu liu 

For (name of entity):  
Full name of authorised signatory:  
Signature:

For (name of entity):  
Full name of authorised signatory:  
Signature:

For (name of entity):  
Full name of authorised signatory:  
Signature:

For (name of entity):  
Full name of authorised signatory:  
Signature:

For (name of entity):  
Full name of authorised signatory:  
Signature:

For (name of entity):  
Full name of authorised signatory:  
Signature:

(Add more rows as required)

CDM Registration and Issuance Unit  
UNFCCC  
Martin-Luther-King Str. 8  
53175 Bonn  
Germany

**F-CM-MOC Form: ANNEX 1**

<b>Date of submission:</b>		17/03/2009
<b>SECTION 1: PROJECT DETAILS</b>		
<b>1. Title of the CDM project activity:</b>	Tianjin TEDA Sewage Methane Recovery Project	
<b>2. Please state project ID Number if available:</b>		
<b>SECTION 2: LIST OF PROJECT PARTICIPANTS</b>		
<b>Name of the entity: EcoSecurities International Limited</b>		
<b>Party (country that authorised participation): UK</b>		
<b>Contact details (primary authorised signatory):</b>	Mr. x Ms.	
Last name: Browne	Telephone: +353 1613 9814	
First name: Patrick James	Fax: +353 1672 4716	
Email: <a href="mailto:cdm@ecosecurities.com">cdm@ecosecurities.com</a>	Address: 40 Dawson Street, Dublin 2, Ireland	
Specimen signature: 		
<b>Contact details (alternate authorised signatory):</b>	Mr. Ms. x	
Last name: Shah	Telephone: +353 1613 9814	
First name: Komal	Fax: +353 1672 4716	
Email: <a href="mailto:cdm@ecosecurities.com">cdm@ecosecurities.com</a>	Address: 40 Dawson Street, Dublin 2, Ireland	
Specimen signature:		

Name of the entity: Tianjin TEDA Alcohol Co.,Ltd.

Party (country that authorised participation): P.R. China

Contact details (primary authorised signatory):

Mr.  Ms.

Last name: Liu

Telephone: 86-22-69591050

First name: Wenyu

Fax: 86-22-69579784

Email: tjtzy@163.com

Address: No.40 Luhan Road, Lutal Town, Ninghe County, Tianjin, P.R.China.

Specimen signature: Wen Yu Liu

Contact details (alternate authorised signatory):

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Name of the entity:

Party (country that authorised participation):

Contact details (primary authorised signatory):

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorised signatory):

Mr.  Ms.

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature:

(Add more rows as required)