

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		10/06/2	2011		
Section 1: Project Details					
1. Title of the CDM project activity	Nubika Jaya Biogas Extraction for Bio-Hydrogen Production				
2. Please state project ID Number if available	2421				
Section 2: Nomin	ation of Focal Point				
3. Details of the entity/ies nominated as focal point					
Notes: • Sole Focal Point authority - A signature of an authority of authority of authority of authority:	rity. thorized signatory of <u>ANY of the</u> ope of authority. orized signatory of <u>ALL entities l</u>	entities li	sted below	<u>is</u>	
Permata Hijau Group		0.1	GL 1	T • /	
This entity is nominated as focal point for:		Sole	Shared	Joint	
(a) Authority to instruct the secretariat and communica allocation/forwarding of CERs	te with the CDM EB on			X	
(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			
(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 authorized signatory):	Mr.	-!			
Last name: Virgo	Telephone:				
First name: Jhonny	Fax:				

Specimen signature:

Email:

Contact details (alternate authorized signatory):	Mr.
Last name: Suyanto	Telephone:
First name: Dodik	Fax:
Email:	Address:
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Address:

Specimen signature:

Name of the entity: PT Nubika Jaya				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communi allocation/forwarding of CERs	cate with the CDM EB on			X
(b) Authority to request the addition of project partic any voluntary withdrawal and to update contact detai (includes changes in company's name and legal status	ls of project participant			
(c) Communication with the secretariat and CDM EB registration and/or issuance. Select this scope if the encommunication related to the project				
Contact details (primary authorized signatory):	Mr.			
Last name: Virgo	Telephone:			
First name: Jhonny	Fax:			
Email:	Address:			
Specimen signature: Contact details (alternate authorized signatory):	Mr.			
Last name: Suyanto	Telephone:			
First name: Dodik	Fax:			
Email:	Address:			
Name of the entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.				
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