



## 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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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------|--------------|
| <b>Date of submission</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11/04/2012                                                       |               |              |
| <b>Section 1: Project Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |               |              |
| <b>1. Title of the CDM project activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fuel Switching Project of the Aqaba Thermal Power Station (ATPS) |               |              |
| <b>2. Please state project ID Number if available</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1758                                                             |               |              |
| <b>Section 2: Nomination of Focal Point</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |               |              |
| <b>3. Details of the entity/ies nominated as focal point</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - 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.</li> <li>· <b>Shared Focal Point authority</b> - 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.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul> |                                                                  |               |              |
| <b>Name of the entity:</b><br>EcoSecurities Group Plc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |               |              |
| <b>This entity is nominated as focal point for:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Sole</b>                                                      | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>X</b>                                                         |               |              |
| <b>(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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>X</b>                                                         |               |              |
| <b>(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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>X</b>                                                         |               |              |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mr.                                                              |               |              |
| Last name: Browne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone:                                                       |               |              |
| First name: Patrick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fax:                                                             |               |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                         |               |              |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |               |              |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |               |              |
| Last name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Telephone:                                                       |               |              |
| First name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fax:                                                             |               |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Address:                                                         |               |              |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |               |              |