

## **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		01/03/20	010				
Section 1: Project Details							
1. Title of the CDM project activity	Project for the catalytic reduction of N2O emissions with a secondary catalyst inside the ammonia reactor of the N1 & N2 nitric acid plants at Haifa Chemicals Ltd., Israel						
2. Please state project ID Number if available	1369						
Section 2: Nomina	tion of Focal Point						
3. Details of the entity/ies nominated as focal point							
Notes:       • Sole Focal Point authority - A signature of an authorized 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 authorized 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 authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.         • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.							
Name of the entity: Citigroup Global Markets 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 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: Mead	Telephone:						
First name: Paul	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Konijnenberg	Telephone:						
First name: Mark	Fax:						
Email:	Address:						
Specimen signature:							

	Sole	Shared	Joint
e with the CDM EB on			
of project participant			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
Mr.			
Telephone:			
Fax:			
Address:			
Mr.			
Telephone:			
Fax:			
Address:			
	Sole	Shared	Joint
e with the CDM EB on			
(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
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Name of the entity: Haifa Chemical 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
(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):	Ms.			
Last name: Koltin	Telephone:			
First name: Dorit	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: Yitzhaki	Telephone:			
First name: Nir	Fax:			
Email:	Address:			
Specimen signature:				