

## Modalities of Communication Statement (Version 03.0)

Date of submission:		17/12/20	010				
	17/12/2019						
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	VN08-WWS-05, Methane Recovery and Biogas Utilization Project, Quang Tri Province, Vietnam						
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	2640						
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES					
<ul> <li>Notes:         <ul> <li><u>Sole</u> Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li><u>Shared</u> Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li><u>Joint</u> Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> </li> </ul>							
Name of entity: Norwegian Ministry of Climate and Environment							
Address: Kongensgate 20 Pb 8013 0030 Oslo Norway							
This entity is nominated as a focal point with the authorit	int with the authority to: Sole Shared Joint			Joint			
(a) Communicate in relation to requests for forwarding o	(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. 🛛	<u> </u>					
Last name: Meyer	Telephone 1:						
First name: Malin	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature: Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.						
Last name: Klakeg	Telephone 1:						
First name: Sigurd	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: Agasco Limited					
Address: Eagle Tower Montpellier Drive GL50 1TA Cheltenham United Kingdom of Great Britain and Northern Ireland					
This entity is nominated as a focal point with the author	ity 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					
(c) Communicate on all other project or programme rel (a) or (b) above	ated matters not covered by	X		X	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.				
Last name: Atkinson	Telephone 1:				
First name: Ben	Telephone 2 (optional):	2 (optional):			
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛	] Ms. 🛛			
Last name: Atkinson	Telephone 1:	Celephone 1:			
First name: Sigrid	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				