

## Modalities of Communication Statement (Version 03.0)

Date of submission:		19/09/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES				
Title of the project/programme of activities:       Jubilee Oil Field Associated Gas Recovery & Utilization				
The of the project programme of activities.	Project			Lation
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	8896			
SECTION 2: NOMINATION OF 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> <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> <li><u>Name of entity:</u> Carbonswiss AG</li> </ul>				
Address: Baarerstrasse 95, 6300 Zug Switzerland				
This entity is nominated as a focal point with the authority 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		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.	1		
Last name: Bergauer	Telephone 1:			
First name: Marc-Alexander	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.			
Last name: Meyer	Telephone 1:			
First name: Philippe	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			