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: 02/12/2011

### Section 1: Project Details

1. **Title of the CDM project activity**
   - Chongqing Iron & Steel Co. Ltd. Waste Gas to Electricity Project

2. **Please state project ID Number if available**
   - 1689

### Section 2: Nomination of 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.

**Name of the entity:**
- EcoSecurities Group PLC.

This entity is nominated as focal point for:

<table>
<thead>
<tr>
<th>Authority</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
- Mr.
- Last name: Browne
- First name: Patrick James
- Email: 
- Telephone: 
- Fax: 
- Address: 
- Specimen signature: 

**Contact details (alternate authorized signatory):**
- Last name: 
- First name: 
- Email: 
- Telephone: 
- Fax: 
- Address: 
- Specimen signature: