



Modalities of Communication Statement (Version 03.0)

Date of submission:		23/01/2013	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Querétaro landfill-gas-to-energy project	
Project/programme of activities reference number: (if available)		6867	
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
<p>Notes:</p> <ul style="list-style-type: none"> · Sole 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. · Shared 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. · Joint 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. 			
Name of entity: Tecnologia del Medio Ambiente de Queretaro S.A.P.I. de CV			
Address: Carretera Satelite – Mompani Km 5.5, 76230 Queretaro Mexico			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(a) Communicate in relation to requests for forwarding of CER			
(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 related matters not covered by (a) or (b) above			X
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Gonzalez Neira		Telephone 1:	
First name: Juan Manuel		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: Proactiva Medio Ambiente - Mexico S.A. de CV			
Address: Tomas A. Edison No. 176 – Piso 3, Col. San Rafael, Del. Cuautemoc, 06470 Mexico D.F. Mexico			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(a) Communicate in relation to requests for forwarding of CER			

(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 related matters not covered by (a) or (b) above			X	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Ruiz Gines	Telephone 1:			
First name: Roberto	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Perez Tapia	Telephone 1:			
First name: Alejandro	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: Eolicia Biogas Borealia Energy, S.L.				
Address: Juan XXIII, 1. 1º of. 2, 32003 Ourense Spain				
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Gonzalez Neira	Telephone 1:			
First name: Juan Manuel	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Lorente Carrasco-Munoz	Telephone 1:			
First name: Carlos	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: Proactiva Medio Ambiente S.A.				
Address: C/Cardenal Marcelo Spinola 8 - Planta 3, 28016 Madrid Spain				
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Fernandez Garcia		Telephone 1:		
First name: Josep		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Roig Peralta		Telephone 1:		
First name: Luis		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: Eolicia, S.L.				
Address: Capitan Eloy 16 1° Izquierda, 32003 Ourense Spain				
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				
(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 related matters not covered by (a) or (b) above			X	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Gonzalez Neira		Telephone 1:		
First name: Juan Manuel		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: Biogas Fuel Cell, S.A.				
Address: c/ Ada Byron 107, nº 107, 1º Izq., Gijón, Asturias, 33203 Spain				
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				
(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 related matters not covered by (a) or (b) above			X	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Diaz Prado		Telephone 1:		
First name: Marcos		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: Borealia Ingeniería, S.L.				
Address: Canto del Mirador 7, 28250 Torreldones Spain				
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				
(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 related matters not covered by (a) or (b) above			X	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Lorente Carrasco-Munoz		Telephone 1:		
First name: Carlos		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: Veolia Proprete				
Address: 169 Av. Georges Clemenceau, 92735 Nanterre France				
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				
(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 related matters not covered by (a) or (b) above			X	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Crawford		Telephone 1:		
First name: Gary		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		