

Modalities of Communication Statement (Version 03.0)

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Date of submission:		15/11/20)23		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Landfill biogas extraction and combustion plant in El Inga I and II landfill (Quito, Ecuador)				
Project/programme of activities reference number: (if available)	3362				
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES					
Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.					
Name of entity: Empresa Pública Metropolitana de Gestión Integral de Residuos Sólidos (EMGIRS EP)					
Address: AV. AMAZONAS N51-84 170104 QUITO Ecuador					
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. □		•		
Last name: ANDRADE PIEDRA NARANJO	Telephone 1:				
First name: SANTIAGO	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: GASGREEN SA					
Address: AVENIDA LOS SHYRIS N35-71 Y SUECIA EDIFICIO ARGENTUM OFICINA 901 170505 QUITO Ecuador					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding o	f CER	X			

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(b) Communicate in relation to requests for addition ar project participants and focal points, as well as changes 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. ☒			
Last name: RUIZ FUSZ	Telephone 1:			
First name: MARIA JOSE	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			