



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		07/06/2012		
Section 1: Project Details				
1. Title of the CDM project activity		Co-composting of EFB and POME project		
2. Please state project ID Number if available		2527		
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
<p>Notes:</p> <ul style="list-style-type: none"> · Sole Focal Point authority - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority. · Shared Focal Point authority - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority. · Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority. 				
Name of the entity: Inversiones de Desarrollo S.A.				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs		X		
(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.		X		
(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		X		
Contact details (primary authorized signatory):		Mr.		
Last name: Erales		Telephone:		
First name: Rodrigo		Fax:		
Email:		Address:		
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:		Telephone:		
First name:		Fax:		
Email:		Address:		
Specimen signature:				