



Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

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|---|--|---------------|--------------|
| Date of submission | 21/03/2012 | | |
| Section 1: Project Details | | | |
| 1. Title of the CDM project activity | AWMS Methane Recovery Project BR06-S-27, Goias, Brazil | | |
| 2. Please state project ID Number if available | 1162 | | |
| 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: AgCert International Ltd. | | | |
| 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: Perkowski | Telephone: | | |
| First name: Leo S. | Fax: | | |
| Email: | Address: | | |
| Specimen signature: | | | |
| Contact details (alternate authorized signatory): | Ms. | | |
| Last name: McRoy | Telephone: | | |
| First name: Pamela | Fax: | | |
| Email: | Address: | | |
| Specimen signature: | | | |