



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>	04/08/2014												
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>													
<b>Title of the project/programme of activities:</b>	"LED's save energy"												
<b>Project/programme of activities reference number:</b> (if available)	7897												
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>													
<p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>													
<b>Name of entity:</b> Carbonbay GmbH & Co. KG													
<b>Address:</b> Admiralitätstrasse 55 20459 Hamburg Germany													
<b>This entity is nominated as a focal point with the authority to:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Sole</th> <th style="width: 15%;">Shared</th> <th style="width: 15%;">Joint</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><b>X</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><b>X</b></td> </tr> </tbody> </table>	Sole	Shared	Joint			<b>X</b>			<b>X</b>			<b>X</b>
Sole	Shared	Joint											
		<b>X</b>											
		<b>X</b>											
		<b>X</b>											
<b>(a) Communicate in relation to requests for forwarding of CER</b>	<b>X</b>												
<b>(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</b>	<b>X</b>												
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>	<b>X</b>												
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: Huenteler	Telephone 1:												
First name: Henning	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: Weisser	Telephone 1:												
First name: Daniel	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
Is this entity changing its name?	<b>No</b>												
Former entity name, if applicable:													
Is this entity also a project participant?	<b>Yes</b>												
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>												
<b>Name of entity:</b> Mabanaf Carbon India Pvt. Ltd.													

<b>Address:</b> 103, Spectra, Hiranandani Business Park, Powai 400076 Mumbai India			
<b>This entity is nominated as a focal point with the authority to:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>			<b>X</b>
<b>(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</b>			<b>X</b>
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>			<b>X</b>
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Ali	Telephone 1:		
First name: Beer	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Huenteler	Telephone 1:		
First name: Henning	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?	<b>No</b>		
Former entity name, if applicable:			
Is this entity also a project participant?	<b>Yes</b>		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>		