



Modalities of Communication Statement (Version 03.0)

Date of submission:		15/11/2012	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Methane Recovery and Utilisation at PT. Sukajadi Sawit Mekar Palm Oil Mill, Kalimantan Tengah, Indonesia	
Project/programme of activities reference number: <i>(if available)</i>		6725	
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
<p>Notes:</p> <ul style="list-style-type: none"> · <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Joint Focal Point authority</u> - 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: PT. Sukajadi Sawit Mekar			
Address: Spring Tower, 06-62 Jl. KL Yos Sudarso, Tanjung Mulia, Medan Deli, Medan, Sumatra, Utara, 20241 Indonesia			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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: Ooi		Telephone 1:	
First name: Ling Hoak		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: Lim		Telephone 1:	
First name: Teong Kwee		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	