



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		20/09/2011		
Section 1: Project Details				
1. Title of the CDM project activity		LOS ALGARROBOS HYDROELECTRIC PROJECT (PANAMA)		
2. Please state project ID Number if available		0081		
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: Energía y Servicios de Panamá 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: Barranco Pérez		Telephone:		
First name: Ricardo Augusto		Fax:		
Email:		Address:		
Specimen signature:				
Contact details (alternate authorized signatory):		Mr.		
Last name: Barrera Morales		Telephone:		
First name: Alfredo Porfirio		Fax:		
Email:		Address:		
Specimen signature:				

Name of the entity: Gas Natural SDG 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):	Ms.		
Last name: Sanz Garcia	Telephone:		
First name: Rosa M ^a	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Ms.		
Last name: Mateos Bermejo	Telephone:		
First name: Elena	Fax:		
Email:	Address:		
Specimen signature:			