**Modalities of Communication Statement**  
(Version 03.0)

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>26/09/2013</th>
</tr>
</thead>
</table>

**SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS**

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Indonesia Biogas Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number:</td>
<td>6209</td>
</tr>
</tbody>
</table>

**SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES**

Notes:
- **Sole Focal Point authority** - An authorized signatory of **ONLY** the entity listed below is required to sign for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - An authorized signatory **ANY** of the entities listed below is required to sign for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - Authorized signatories of **ALL** entities listed below are required to sign for communication related to the corresponding scope of authority.

**Name of entity:**
PT. GP Carbon Solutions Services Indonesia

**Address:**
Gedung Ariobimo Sentral Lantai 4, Jalan H.R. Rasuna Said Kav. X-2 No.5 Jakarta 12950 Indonesia

**This entity is nominated as a focal point with the authority to:**

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
Mr. Mr. Ms. Ms.  
Last name: Hutabarat  
First name: Henricus  
Email:  
Specimen signature:  
Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. Mr. Ms. Ms.  
Last name: Gigante  
First name: Francois  
Email:  
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