

## Modalities of Communication Statement (Version 03.0)

Date of submission:		17/07/20	)14	
SECTION 1: CDM PROJECT/PROC	RAMME OF ACTIVITIES			
Title of the project/programme of activities:	AeroPod Composting and Co-c Malaysia.			me in
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	9217			
SECTION 2: NOMINATION C	<b>FFOCAL POINT ENTITY</b>	/IES		
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory communication related to the corresponding scope of author • <u>Shared</u> Focal Point authority - An authorized signate communication related to the corresponding scope of author • <u>Joint</u> Focal Point authority - Authorized signatories communication related to the corresponding scope of author	ity. ory <u>ANY of the entities listed belo</u> ity. of <u>ALL entities listed below are re</u>	ow is requ	ired to sig	
Name of entity: Natural Objective Sdn Bhd				
Address: 2nd Floor Lot 7, Block 8, Bandar Indah Mile 4, North Road Malaysia	PPM 486 Elopura, Sandakan Sab	ah 90000		
This entity is nominated as a focal point with the authori	ty to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of	of CER			X
(b) Communicate in relation to requests for addition and project participants and focal points, as well as changes t status, contact details and specimen signatures	•			X
(c) Communicate on all other project or programme rela (a) or (b) above	ted matters not covered by			X
Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗖			
Last name: Wong	Telephone 1:			
First name: Len Kee	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			
Name of entity: Carbon Partners Asiatica (Hong Kong) Co. Ltd				
Address: Suite 1402, World Commerce Centre, 11 Canton Road, Tsin Hong Kong	n Sha Tsui, Kowloon, Hong Kong	5		
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER				X

## CDM-MOC-FORM

	CD	M-MOC-FOR
(b) Communicate in relation to requests for addition a project participants and focal points, as well as change status, contact details and specimen signatures		X
(c) Communicate on all other project or programme r (a) or (b) above	elated matters not covered by	X
Contact details (primary authorized signatory):	Mr. 🔲 Ms. 🛛	
Last name: Tochikawa	Telephone 1:	
First name: Kyoko	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory): Last name: Hatano	Mr. Ms. Telephone 1:	
Last name: Hatano	Telephone 1:	
First name: Junji	Telephone 2 (optional):	
	receptione 2 (optional).	
Email:	Fax (optional):	
Email: Specimen signature:		
	Fax (optional):	
	Fax (optional):	
Specimen signature:	Fax (optional):   Date (dd/mm/yyyy):	
Specimen signature: Is this entity changing its name?	Fax (optional):   Date (dd/mm/yyyy):	