



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	15/03/2011		
Section 1: Project Details			
1. Title of the CDM project activity	Recovery of associated gas that would otherwise be flared at Kwale oil-gas processing plant, Nigeria		
2. Please state project ID Number if available	0553		
Section 2: Nomination of Focal Point			
3. Details of the entity/ies nominated as focal point			
Notes: <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: Nigerian Agip Oil Company Ltd (NAOC)			
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: Maglione	Telephone:		
First name: Alessandro	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Mr.		
Last name: Insulla	Telephone:		
First name: Massimo	Fax:		
Email:	Address:		
Specimen signature:			