

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		08/06/2011		
Section 1: Project Details				
1. Title of the CDM project activity	AWMS Methane Recovery Project MX06-S-63, Durango, México			
2. Please state project ID Number if available	2. Please state project ID Number if available 1099			
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Mame of the entity: AgCert International Ltd. 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 Image: Sole 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 Image: Sole project participant project participant participant participant project participant paregistration and/or issuance. Select this scope if the				<u>is</u> red_for
Contact details (primary authorized signatory):	Mr.			
Last name: Perkowski	Telephone:			
First name: Leo S.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: McRoy	Telephone:			
First name: Pamela	Fax:			
Email:	Address:			
Specimen signature:				