



Modalities of Communication Statement (Version 03.0)

Date of submission:	27/09/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Ikutmaju Biomass Cogeneration Project		
Project/programme of activities reference number: (if available)	5801		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: • Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.			
Name of entity: Ikutmaju Sdn. Bhd.			
Address: Ikutmaju Sdn. Bhd., P.O.Box 61280, 91028 Tawau, Sabah Malaysia			
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		
(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			X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		X	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Inoguchi	Telephone 1:		
First name: Katsuteru	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Lim	Telephone 1:		
First name: Shaw Keong	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: Nordjysk Elhandel A/S			

Address: Skelagervej 1, 9000 Aalborg Denmark			
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			
(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			X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		X	
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Rydahl	Telephone 1:		
First name: Bo Lynge	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Andersen	Telephone 1:		
First name: Rene Treumer	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		