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 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:
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**