**Modalities of Communication Statement**  
*Version 03.0*

**Date of submission:** 17/01/2017

### SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Biogas recovery and electricity generation from M’zar Wastewater treatment plant, Morocco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>10137</td>
</tr>
</tbody>
</table>

### 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:**
Régie Autonome Multi-Services d’Agadir (RAMSA)

**Address:**
Rue 18 Novembre  
Q.I. Agadir  
B.P. 754  
Agadir  
Morocco

<table>
<thead>
<tr>
<th>This entity is nominated as a focal point with the authority to:</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Communicate in relation to requests for forwarding of CER</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
- Mr.  
- Ms.  
- Last name: Ahmed  
- First name: Oukkas  
- Telephone 1:  
- Telephone 2 (optional):  
- Email:  
- Fax (optional):  
- Specimen signature:  
- Date (dd/mm/yyyy):  

**Contact details (alternate authorized signatory):**
- Mr.  
- Ms.  
- Last name: Lahoucine  
- First name: Benzine  
- Telephone 1:  
- 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