



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>	21/02/2019		
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>	Off-grid Solar PV project at IAMGOLD Essakane SA Gold Mine		
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	10398		
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>			
Notes: <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>			
<b>Name of entity:</b> Essakane Solar S.A.S.			
<b>Address:</b> Commune de Baskuy, Quartier Ouaga 2000 Ex secteur no.15, Parcelle 07 Lot 33, Section G, Zone B, 15 BP 47 Ouagadougou Burkina Faso			
<b>This entity is nominated as a focal point with the authority to:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>	<b>X</b>		
<b>(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</b>	<b>X</b>		
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>	<b>X</b>		
<b>Contact details (primary authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: Messier	Telephone 1:		
First name: Anne-Laure	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: Kantiono	Telephone 1:		
First name: Emma	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	<b>No</b>		
Former entity name, if applicable:			
Is this entity also a project participant?	<b>Yes</b>		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>		