

## **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		19/03/2012		
Section 1: Project Details				
1. Title of the CDM project activity	he CDM project activity Grid-connected Electricity Generation from Biomass a Buayai Bio Power.		ss at	
2. Please state project ID Number if available	Please state project ID Number if available 3826			
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 <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.     • Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.     Name of the entity:     Danish Ministry of Climate and Energy     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 participant participant participant participant participant participant participant participant project participant participant project participant (includes changes in company's name and legal status, addresses etc.   X   Image: Sole participant particate participant participant participant participant participant pa				
Contact details (primary authorized signatory):	Mr.			
Last name: Sorensen	Telephone:			
First name: Ole Emmik	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				