Modalities of Communication Statement (Version 03.0)

Date of submission:	25/09/2012

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Green Brick Development Programme of Activities Managed by INTRACO
Project/programme of activities reference number: *(if available)*	6299

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:
Investment and Trade Consultancy Company Limited (INTRACO)

Address:
Unit 1303, HITCC Building, 185 Giang Vo Street, Dong Da District, Hanoi City
Viet Nam

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: Hoang	Telephone 1:
First name: Anh Dung	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:
ENECO Energy Trade B.V.

Address:
Rivium Quadrant 75,
290091 Capelle aan den Ijssel
Netherlands

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			
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: De Boer	Telephone 1:
First name: Robert	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Meyrick	Telephone 1:
First name: Mark	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:
EnBW Trading GmbH

Address:
Durlacher Allee 93,
76131 Karlsruhe
Germany

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			
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Schaller	Telephone 1:
First name: Markus	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Lokomets	Telephone 1:
First name: Arthurs	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**