

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	Date of submission 17/05/2011)11				
Section 1: Project Details							
1. Title of the CDM project activity	Power Prospect 9.9MW Rice Husk Power Plant						
2. Please state project ID Number if available	2938						
Section 2: Nomina	tion 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 ALL entities listed below are required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Mame of the entity:							
Power Prospect Company Limited							
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				Х			
(b) Authority to request the addition of 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			
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X				
Contact details (primary authorized signatory):	Mr.						
Last name: Sriprasert	Telephone:						
First name: Chaiying	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Kuptamathee	Telephone:						
First name: Somsak	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: EDF Trading Ltd						
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		
(b) Authority to request the addition of 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		
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X			
Contact details (primary authorized signatory):	Mr.		· · · · · ·			
Last name: Joubert	Telephone:					
First name: Francois	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):						
Last name:	Telephone:					
First name:	Fax:					
Email:	Address:					
Specimen signature:						
Name of the entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.						
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		
(b) Authority to request the addition of 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		
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X			
Contact details (primary authorized signatory):	Mr.	1				
Last name: Watanabe	Telephone:					
First name: Hajime	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):	Mr.					
Last name: Toyofuku	Telephone:					
First name: Masayuki	Fax:					
Email:	Address:					
Specimen signature:	1					