



## 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**

13/04/2011

### Section 1: Project Details

**1. Title of the CDM project activity**

Project for HFC23 Decomposition at Changshu 3F  
Zhonghao New Chemical Materials Co. Ltd, Changshu,  
Jiangsu Province, China

**2. Please state project ID Number if available**

0306

### 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 ALL entities listed below are required for communication related to the corresponding scope of authority.

**Name of the entity:**

International Bank for Reconstruction and Development (IBRD) (the Netherlands, Italy and other Parties)

**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):**

Ms.

Last name: Chassard

Telephone:

First name: Joelle

Fax:

Email:

Address:

Specimen signature:

**Contact details (alternate authorized signatory):**

Mr.

Last name: Prasad

Telephone:

First name: Neeraj

Fax:

Email:

Address:

Specimen signature:

<b>Name of the entity:</b> Changshu 3F Zhonghao New Chemical Materials Co. Ltd.			
<b>This entity is nominated as focal point for:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>			
<b>(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.</b>			
<b>(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</b>			<b>X</b>
<b>Contact details (primary authorized signatory):</b>	Mr.		
Last name: Shen	Telephone:		
First name: Xuezhong	Fax:		
Email:	Address:		
Specimen signature:			
<b>Contact details (alternate authorized signatory):</b>			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			