# 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:** 27/06/2012

## Section 1: Project Details

1. **Title of the CDM project activity**
   Guangxi Liuzhou Iron and Steel (Group) Company 3#
   Coke Dry Quenching and Waste Heat Utilization for
   Power Generation Project

2. **Please state project ID Number if available**
   3886

## Section 2: Nomination of 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:**
Climate Change Capital Carbon Fund II s.à r.l.

<table>
<thead>
<tr>
<th><strong>This entity is nominated as focal point for:</strong></th>
<th><strong>Sole</strong></th>
<th><strong>Shared</strong></th>
<th><strong>Joint</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
Mr.
Last name: Bell
First name: Mark
Email:
Specimen signature:
Telephone:
Fax:
Address:

**Contact details (alternate authorized signatory):**
Mr.
Last name: Pearson
First name: Andrew
Email:
Specimen signature:
Telephone:
Fax:
Address: