

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		16/11/2011		
Section 1: Project Details				
Title of the CDM project activityWastewater treatment using a Digestor at an ethanol plant in		1		
2. Please state project ID Number if available	0504			
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 entite communication related to the corresponding scope of authority. Shared Focal Point authority - A signature of an authorized signatory of ANY of the required for communication related to the corresponding scope of authority. Joint Focal Point authority - A signature of an authorized signatory of ALL entities li communication related to the corresponding scope of authority. Name of the entity: Mitsubishi Corporation This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (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. 		sted below Sole X X	ted below	is
(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: Shimazu	Telephone:			
First name: Masataka	Fax:			
Email:	Address:			
Specimen signature: Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				