



## Modalities of Communication Form

*This form is to be used by project participants in order to submit the statement of Modalities of Communication.*

<b>Date of submission</b>	03/04/2012		
<b>Section 1: Project Details</b>			
<b>1. Title of the CDM project activity</b>	Factory energy efficiency improvement in compressed air demand and supply in Malaysia		
<b>2. Please state project ID Number if available</b>	1372		
<b>Section 2: Nomination of Focal Point</b>			
<b>3. Details of the entity/ies nominated as focal point</b>			
Notes: <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul>			
<b>Name of the entity:</b> DENSO (MALAYSIA) SDN. BHD.			
<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>X</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>X</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: Mohd Mahdzim	Telephone:		
First name: Bin MD. Nor	Fax:		
Email:	Address:		
Specimen signature:			
<b>Contact details (alternate authorized signatory):</b>			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			