

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		19/12/2011		
Section 1: Project Details				
1. Title of the CDM project activity	5 MW Photovoltaic Power Generation Project at Saraburi province, Thailand			
2. Please state project ID Number if available	5221			
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 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: Infinite Green Co., Ltd. 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. 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 communicate to the project X				
Contact details (primary authorized signatory):	Mr.	<u> </u>		
Last name: Ko	Telephone:			
First name: Johnny	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				