

## Modalities of Communication Statement (Version 03.0)

| 3/2  |   |            |        |       |  |
|--|---|------------|--------|-------|--|
| Date of submission:  |   | 06/11/2013 |        |       |  |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   |   |            |        |       |  |
| Title of the project/programme of activities:  | Cleanstar Mozambique - Maputo Ethanol Cookstove and<br>Cooking Fuel Project 1 |            |        |       |  |
| Project/programme of activities reference number: (if available)   | 9595  |            |        |       |  |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES  |   |            |        |       |  |
| Notes:  • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.  • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.  • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. |   |            |        |       |  |
| Name of entity: Cleanstar Mozambique Community Bioinnovation Limited   |   |            |        |       |  |
| Address: Office 4, 219 Kensington High Street, W8 6BD London United Kingdom of Great Britain and Northern Ireland  |   |            |        |       |  |
| This entity is nominated as a focal point with the authority to:   |   | Sole       | Shared | Joint |  |
| (a) Communicate in relation to requests for forwarding of CER  |   |            |        | X     |  |
| (b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures  |   |            | X      |       |  |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above  |   | X          |        |       |  |
| Contact details (primary authorized signatory):  | Mr. ⋈ Ms. □   |            |        |       |  |
| Last name: Murray  | Telephone 1:  |            |        |       |  |
| First name: Gregory  | Telephone 2 (optional):   |            |        |       |  |
| Email:   | Fax (optional):   |            |        |       |  |
| Specimen signature: Date (dd/mm/yyyy):   |   |            |        |       |  |
| Is this entity changing its name?  | No  |            |        |       |  |
| Former entity name, if applicable:   |   |            |        |       |  |
| Is this entity also a project participant?   | Yes   |            |        |       |  |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   | Yes   |            |        |       |  |
| Name of entity: Merrill Lynch Commodities (Europe) Limited   |   |            |        |       |  |
| Address: 2 King Edward Street EC1A 1HQ London United Kingdom of Great Britain and Northern Ireland   |   |            |        |       |  |
| This entity is nominated as a focal point with the authority to:   |   | Sole       | Shared | Joint |  |
| (a) Communicate in relation to requests for forwarding of CFR  |   |            |        | V     |  |

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| (b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures |                         |  |  |
|---|-------------------------|--|--|
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above   |                         |  |  |
| Contact details (primary authorized signatory):   | Mr.⊠ Ms.□               |  |  |
| Last name: Tanna  | Telephone 1:            |  |  |
| First name: Rupen   | Telephone 2 (optional): |  |  |
| Email:  | Fax (optional):         |  |  |
| Specimen signature:  Date (dd/mm/yyyy):   |                         |  |  |
| Contact details (alternate authorized signatory):   | Mr.⊠ Ms.□               |  |  |
| Last name: Elliott  | Telephone 1:            |  |  |
| First name: Mark  | Telephone 2 (optional): |  |  |
| Email:  | Fax (optional):         |  |  |
| Specimen signature: Date (dd/mm/yyyy):  |                         |  |  |
| Is this entity changing its name?   | No                      |  |  |
| Former entity name, if applicable:  |                         |  |  |
| Is this entity also a project participant?  | Yes                     |  |  |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?  | Yes                     |  |  |