

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		14/12/2011		
Section 1: Project Details				
1. Title of the CDM project activity Avoidance of methane production through Boustead Biotherm P				
2. Please state project ID Number if available	1795			
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 are 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: Nordjysk Elhandel A/S This entity is nominated as focal point for: Sole Shared Joint (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs X Image: Sole 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 Image: Sole project participant project participant participant participant participant project participant participant participant participant project participant participant project participant participant project participant project participant project participant participant project participant participant participant project participant project participant participant project participant project participant participant project participant participant project participant participant participant project participant				
Contact details (primary authorized signatory):	Mr.			
Last name: Rydahl	Telephone:			
First name: Bo Lynge	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Talanhana			
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				