

## Modalities of Communication Statement (Version 03.0)

| Date of submission:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | 26/09/2013 |        |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------|--------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |            |        |       |
| Title of the project/programme of activities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Associated Gas Recovery and Utilization at Block 9 |            |        |       |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6817                                               |            |        |       |
| 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.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.   • Mame of entity: |                                                    |            |        |       |
| Oman Trading International                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |            |        |       |
| Address:   P.O.Box 506515, Tenancy 2, Level 5, Precinct Building 2, Gate Precinct, DIFC, Dubai   United Arab Emirates   This entity is nominated as a focal point with the authority to:   Sole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |            |        |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |            | Snareu | Joint |
| (a) Communicate in relation to requests for forwarding of CER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | X<br>X     |        |       |
| (b) Communicate in relation to requests for addition and/or voluntary withdrawal of<br>project participants and focal points, as well as changes to company names, legal<br>status, contact details and specimen signaturesX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |            |        |       |
| (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: Al Maawali                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone 1:                                       |            |        |       |
| First name: Said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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<br>signatories represent it in its project participant role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                |            |        |       |