

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		31/05/2012		
Section 1: Project Details				
1. Title of the CDM project activity	oject activity Reforestation of grazing Lands in Santo Domingo, Argentina			
. Please state project ID Number if available4127				
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: Novartis Pharma AG 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 Shared				
Contact details (primary authorized signatory):	Mr.			
Last name: Lehni	Telephone:			
First name: Markus	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Rupprecht	Telephone:			
First name: Peter	Fax:			
Email:	Address:			
Specimen signature:				