

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |  | 28/04/2020 |        |       |
|--|--|------------|--------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   |  |            |        |       |
| Title of the project/programme of activities:  | Municipal Solid Waste (MSW) Composting Project in Ikorodu, Lagos State |            |        |       |
| Project/programme of activities reference number: (if available)   | 3841   |            |        |       |
| 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:<br>EarthCare Nigeria Ltd   |  |            |        |       |
| Address: 16-24, Ikoyi Road, Obalende, Lagos Nigeria  |  |            |        |       |
| 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.  | ļ.         |        |       |
| Last name: Ohiaeri   | Telephone 1:   |            |        |       |
| First name: Benjamin   | 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  |            |        |       |