# 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** | 24/05/2012 |
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## Section 1: Project Details

| | |
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| **1. Title of the CDM project activity** | Composting of solid biomass waste separated from the Palm Oil Mill Effluent (POME) through the use of AVC Sludge Dewatering System at Lian Hup Palm Oil Mill (Owned by Harn Len Corporation Bhd., Palm Oil Mill Division) |
| **2. Please state project ID Number if available** | 2356 |

## 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.

**Name of the entity:**
Brite-Tech Ventures Sdn. Bhd.

| **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** | | |
| **(b) Authority to request the addition of 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** | | |
| **(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project** | **X** | | |

| **Contact details (primary authorized signatory):** | Mr. |
|---|---|
| Last name: Boon Ping | Telephone: |
| First name: Chow | Fax: |
| Email: | Address: |
| Specimen signature: | |

| **Contact details (alternate authorized signatory):** | |
|---|---|
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |
| Specimen signature: | |