### 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**: 21/02/2012

### Section 1: Project Details

1. **Title of the CDM project activity**: Dehydration and incineration of sewage sludge in Singapore

2. **Please state project ID Number if available**: 3042

### 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:**
ECO Special Waste Management Pte. Ltd.

**This entity is nominated as focal point for:**

<table>
<thead>
<tr>
<th>Authority</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(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.)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

- Mr.
- Last name: Tang
- Telephone: 
- First name: Boon Seng Vincent
- Fax: 
- Email: 
- Address: 
- Specimen signature:

**Contact details (alternate authorized signatory):**

- Mr.
- Last name: Tan
- Telephone: 
- First name: Keaw Chong
- Fax: 
- Email: 
- Address: 
- Specimen signature:
Name of the entity:  
Sumitomo Mitsui Banking Corporation

<table>
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<tr>
<th>This entity is nominated as focal point for:</th>
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<td></td>
</tr>
</tbody>
</table>

Contact details (primary authorized signatory): Ms.

Last name: Kudo
First name: Teiko
Email:
Specimen signature:

Telephone:
Fax:
Address:

Contact details (alternate authorized signatory): Mr.

Last name: Nakatsuka
First name: Hiroki
Email:
Specimen signature:

Telephone:
Fax:
Address: