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:	**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: 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			
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):	Ms.
Last name: Kudo	Telephone:
First name: Teiko	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Nakatsuka	Telephone:
First name: Hiroki	Fax:
Email:	Address:
Specimen signature:	