

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |                                  | 08/08/2012 |        |       |
|--|----------------------------------|------------|--------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   |                                  |            |        |       |
| Title of the project/programme of activities:  | BIOENERGY PLANT – SAWIT KINABALU |            |        |       |
| Project/programme of activities reference number: (if available)   | 3198                             |            |        |       |
| 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:  Nordjysk Elhandel A/S  Address:  Skelagervej 1, |                                  |            |        |       |
| 90000 Aalborg<br>Denmark   |                                  |            |        |       |
| 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. □                      | <u> </u>   |        |       |
| Last name: Rydahl  | Telephone 1:                     |            |        |       |
| First name: Bo Lynge   | Telephone 2 (optional):          |            |        |       |
| Email:   | Fax (optional):                  |            |        |       |
| Specimen signature: Date (dd/mm/yyyy):   |                                  |            |        |       |
| Contact details (alternate authorized signatory):  | Mr. ⋈ Ms. □                      |            |        |       |
| Last name: Andersen  | Telephone 1:                     |            |        |       |
| First name: Rene Treumer   | 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   | Yes                              |            |        |       |