Modalities of Communication Statement
(Version 03.0)

Date of submission:	30/08/2013

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Proactiva Nuevo Laredo landfill-gas-to-energy project
Project/programme of activities reference number: *(if available)*	7733

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:
Proactiva Medio Ambiente México S.A. de C.V.

Address:
Tomás A. Edison No. 176 - Piso 3, Col. San Rafael, Del. Cuautémoc
06470 México D.F.
Mexico

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			
(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. ☐
Last name: Ruiz Gines	Telephone 1:
First name: Roberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Perez Tapia	Telephone 1:
First name: Alejandro	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**

Name of entity:
Proactiva Medio Ambiente S.A.

Address: c/ Cardenal Marcelo Spinola 8 - planta 3 28016 Madrid Spain			
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. ☐		
Last name: Fernandez Garcia	Telephone 1:		
First name: Josep	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Roig Peralta	Telephone 1:		
First name: Luis	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**		
Name of entity: Veolia Propreté S.A.			
Address: 169, Av. Georges Clemenceau, 92735 Nanterre France			
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			
(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. ☐		
Last name: Crawford	Telephone 1:		
First name: Gary	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**