



Modalities of Communication Statement (Version 03.0)

Date of submission:	21/09/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	Compost from Municipal Solid Waste in Peshawar, Pakistan			
Project/programme of activities reference number: <i>(if available)</i>	5460			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES				
<p>Notes:</p> <ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 				
Name of entity: Xenel-Industries				
Address: Xenel Industries, Xenel Building, Bab Jedid, P.O. Box 2824 21461 Jeddah Saudi Arabia				
This entity is nominated as a focal point with the authority to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">Sole</td> <td style="width: 33.33%;">Shared</td> <td style="width: 33.33%;">Joint</td> </tr> </table>	Sole	Shared	Joint
Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding of CER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%; text-align: center;">X</td> </tr> </table>			X
		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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%; text-align: center;">X</td> </tr> </table>			X
		X		
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%; text-align: center;">X</td> </tr> </table>			X
		X		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Tumbi	Telephone 1:			
First name: Ashraf	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Alireza	Telephone 1:			
First name: Emran	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: Balderrie Enterprises Inc.			
Address: Balderrie Enterprises Inc., 5275 Chemin Queen Mary H3W 1W3 Montreal QC Canada			
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Koch	Telephone 1:		
First name: Tobias	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Itani	Telephone 1:		
First name: Rachad	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		