

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		18/04/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Title of the CDM project activityAWMS Methane Recovery Project MX07-S-113, Aguascalientes, México			
2. Please state project ID Number if available	1564			
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. • 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. • Mame of the entity: AgCert International 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 Image: Communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc. X Image: Communication related to the score this scope if the entity is to be copied on all communication related to the project				<u>is</u> ed for
Contact details (primary authorized signatory):	Mr.	<u> </u>		
Last name: Perkowski	Telephone:			
First name: Leo S.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Mosley	Telephone:			
First name: Michael. A.	Fax:			
Email:	Address:			
Specimen signature:				