

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 | | 12/07/2012 | |
|---|--|------------|--|
| Section 1: Project Details | | | |
| 1. Title of the CDM project activity | Fuel Switching of Hakim Farabi Sugarcane Plant | | |
| 2. Please state project ID Number if available | 4753 | | |
| 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: |
|------|----|-----|---------|
|------|----|-----|---------|

Mehr Renewable Energies Co Ltd

| Melli Renewable Energies Co.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: Partovi | Telephone: | | | |
| First name: Adel | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |
| Contact details (alternate authorized signatory): | | | | |
| Last name: | Telephone: | | | |
| First name: | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |

| Name of the entity: Climate Protection Finance AG | | | | | | |
|--|------------|------|--------|-------|--|--|
| 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: Rittner | Telephone: | | | | | |
| First name: Frank | Fax: | | | | | |
| Email: | Address: | | | | | |
| Specimen signature: | | | | | | |
| Contact details (alternate authorized signatory): | | | | | | |
| Last name: | Telephone: | | | | | |
| First name: | Fax: | | | | | |
| Email: | Address: | | | | | |
| Specimen signature: | | | | | | |