Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

<table>
<thead>
<tr>
<th>Date of submission</th>
<th>09/12/2011</th>
</tr>
</thead>
</table>

**Section 1: Project Details**

1. **Title of the CDM project activity**
   - Methane Recovery for Onsite Utilisation Project at Desa Kim Loong Palm Oil Mill, Sook, Keningau, Sabah, Malaysia

2. **Please state project ID Number if available**
   - 1737

**Section 2: Nomination of 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:**
Kim Loong Power Sdn. Bhd

**This entity is nominated as focal point for:**

<table>
<thead>
<tr>
<th>Authority</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

- **Mr. Gooi Seong Heen**
- **Telephone:**
- **Fax:**
- **Email:**
- **Address:**
- **Specimen signature:**

**Contact details (alternate authorized signatory):**

- **Last name:**
- **Telephone:**
- **First name:**
- **Fax:**
- **Email:**
- **Address:**
- **Specimen signature:**