# 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

<table>
<thead>
<tr>
<th>Date of submission</th>
<th>15/03/2011</th>
</tr>
</thead>
</table>

## Section 1: Project Details

1. **Title of the CDM project activity**
   - Facilitating Reforestation for Guangxi Watershed Management in Pearl River Basin

2. **Please state project ID Number if available**
   - 0547

## 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:

IBRD as Trustee of the BioCarbon Fund

This entity is nominated as focal point for:

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

### Contact details (primary authorized signatory):

- Ms. Chassard
- Telephone:
- First name: Joelle
- Fax:
- Email:
- Address:
- Specimen signature:

### Contact details (alternate authorized signatory):

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