

## Modalities of Communication Statement (Version 03.0)

Date of submission:		27/11/20		
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAII	LS	
Title of the project/programme of activities:	Renewable biomass fired impre for households in Burundi by E		stoves pro	gramme
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	9634			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory of communication related to the corresponding scope of authorit • <u>Shared</u> Focal Point authority - An authorized signator communication related to the corresponding scope of authorit • <u>Joint</u> Focal Point authority - Authorized signatories of communication related to the corresponding scope of authorit Name of entity:	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u>	ow is requ	ired to sign	
BURUNDI QUALITY STOVES S.A.				
Address: Quartier Industriel, avenue Nyabissindu 56 12 Bujumbura Burundi				
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of	f CER			X
(b) Communicate in relation to requests for addition and/ project participants and focal points, as well as changes to status, contact details and specimen signatures	•			X
(c) Communicate on all other project or programme relat (a) or (b) above	ed matters not covered by			Х
Contact details (primary authorized signatory):	Mr. 🛛 Ms.		I	
Last name: Ndayishima	Telephone 1:			
First name: Ephraim	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: Vitol S.A.				
Address: Boulevard du Pont-d'Arve 28 CH 1205 1211 Geneva 4 Switzerland		<u>C.1</u>	CL	
This entity is nominated as a focal point with the authorit	у то:	Sole	Shared	Joint

## CDM-MOC-FORM

(a) Communicate in relation to requests for forwarding of CER(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		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	I
Last name: Fransen	Telephone 1:	
First name: David	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Contact details (alternate authorized signatory): Last name: Dunford	Mr. Ms. Telephone 1:	
· · · · · · · · · · · · · · · · · · ·		
Last name: Dunford	Telephone 1:	
Last name: Dunford First name: William	Telephone 1: Telephone 2 (optional):	
Last name: Dunford First name: William Email:	Telephone 1:   Telephone 2 (optional):   Fax (optional):	
Last name: Dunford First name: William Email:	Telephone 1:   Telephone 2 (optional):   Fax (optional):	
Last name: Dunford First name: William Email: Specimen signature:	Telephone 1:   Telephone 2 (optional):   Fax (optional):   Date (dd/mm/yyyy):	
Last name: Dunford First name: William Email: Specimen signature: Is this entity changing its name?	Telephone 1:   Telephone 2 (optional):   Fax (optional):   Date (dd/mm/yyyy):	