

## Modalities of Communication Statement (Version 03.0)

|   |  | 20/07/2    | 010    |       |  |  |  |
|---|--|------------|--------|-------|--|--|--|
| Date of submission:   |  | 30/07/2013 |        |       |  |  |  |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |  |            |        |       |  |  |  |
| Title of the project/programme of activities:   | N2O and NOX Abatement Project at Delta-ASMEDA<br>Fertilizer Plant in Al Mansoura (Egypt) |            |        |       |  |  |  |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>  | 9032   |            |        |       |  |  |  |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES   |  |            |        |       |  |  |  |
| Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.   • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. |  |            |        |       |  |  |  |
| Name of entity:<br>First Climate (Switzerland) AG   |  |            |        |       |  |  |  |
| Address:<br>Stauffacherstrasse 45<br>8004 Zurich<br>Switzerland   |  |            |        |       |  |  |  |
| This entity is nominated as a focal point with the authority to:  |  | Sole       | Shared | Joint |  |  |  |
| (a) Communicate in relation to requests for forwarding of CER   |  | X          |        |       |  |  |  |
| (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   |  |            |        | X     |  |  |  |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above   |  |            | X      |       |  |  |  |
| Contact details (primary authorized signatory):   | Mr. 🛛 Ms. 🗖  |            |        |       |  |  |  |
| Last name: Brodmann   | Telephone 1:   |            |        |       |  |  |  |
| First name: Urs   | Telephone 2 (optional):  |            |        |       |  |  |  |
| Email:  | Fax (optional):  |            |        |       |  |  |  |
| Specimen signature: Date (dd/mm/yyyy):  |  |            |        |       |  |  |  |
| Contact details (alternate authorized signatory):   | Mr. 🛛 Ms.  |            |        |       |  |  |  |
| Last name: Luchinger  | Telephone 1:   |            |        |       |  |  |  |
| First name: Alexander   | 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  |            |        |       |  |  |  |

## CDM-MOC-FORM

| Name of entity:<br>El Delta Co. for Fertilizers & Chemical Industries (ASMEDA)  |                         |            |        |       |  |  |
|---|-------------------------|------------|--------|-------|--|--|
| Address:<br>Talkha Industrial Area, P.O. Box 35691, Al Mansoura<br>Dakahlia<br>Egypt  |                         |            |        |       |  |  |
| This entity is nominated as a focal point with the authority to:  |                         | Sole       | Shared | Joint |  |  |
| (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 |                         |            |        | X     |  |  |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above   |                         |            | X      |       |  |  |
| Contact details (primary authorized signatory):   | Mr. 🛛 Ms.               | 1          |        |       |  |  |
| Last name: Abdel Hamid Nasser   | Telephone 1:            | lephone 1: |        |       |  |  |
| First name: Mohamed   | Telephone 2 (optional): |            |        |       |  |  |
| Email:  | Fax (optional):         |            |        |       |  |  |
| Specimen signature: Date (dd/mm/yyyy):  |                         |            |        |       |  |  |
| Contact details (alternate authorized signatory):   | Mr. 🛛 Ms.               |            |        |       |  |  |
| Last name: Ehsan  | Telephone 1:            |            |        |       |  |  |
| First name: Enan  | 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                     |            |        |       |  |  |