

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 30/10/2018 | | | | |
|--|--|------------|--------|-------|--|--|
| SECTION 1: CDM PROJECT/PROG | RAMME OF ACTIVITIES | DETAI | LS | | | |
| Title of the project/programme of activities: | Man and Man Enterprise Improved Cooking Stoves CDM Programme in Ghana supported by Republic of Korea | | | | | |
| Project/programme of activities reference number: (if available) | 10430 | | | | | |
| SECTION 2: NOMINATION O | F 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: Ecoeye Co., Ltd. | | | | | | |
| Address: #1503, Hyundai Knowledge Industrial Center B, 70 Dusan-ro Geumcheon-gu Seoul Republic of Korea | | | | | | |
| This entity is nominated as a focal point with the authorit | y to: | Sole | Shared | Joint | | |
| (a) Communicate in relation to requests for forwarding o | f 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: Soo Bok | Telephone 1: | | | | | |
| First name: Rhee | Telephone 2 (optional): | | | | | |
| Email: | Fax (optional): | | | | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | | | |
| Contact details (alternate authorized signatory): | Mr. ☑ Ms. □ | | | | | |
| Last name: Ha | Telephone 1: | | | | | |
| First name: Sang Sun | 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 | Yes | | | | | |

| Name of entity: KOREA ZINC CO., LTD. | | | | | |
|---|-------------------------|------|--------|-------|--|
| Address: 542, Gangnam-Daero Gangnam-Gu Seoul Republic of Korea | | | | | |
| 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 | | | | | |
| Contact details (primary authorized signatory): | Mr. ⋈ Ms. □ | | | | |
| Last name: Park | Telephone 1: | | | | |
| First name: Ki Deok | Telephone 2 (optional): | | | | |
| Email: | Fax (optional): | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | |
| | | | | | |
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms. □ | | | | |
| Last name: Choi | Telephone 1: | | | | |
| First name: Juwon Michael | Telephone 2 (optional): | | | | |
| Email: | Fax (optional): | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | |
| SF-0 | (, , , , ,). | | | | |
| In this parties along in the many 9 | No | | | | |
| Is this entity changing its name? | 110 | | | | |
| Former entity name, if applicable: | Ma | | | | |
| Is this entity also a project participant? | No | | | | |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | | | | | |
| Name of entity: AERA GROUP S.A.S. | | | | | |
| Address: 28, cours Albert 1er 75008 Paris France | | | | | |
| 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 | | | | | |
| Contact details (primary authorized signatory): | Mr. ☐ Ms. ☒ | 1 | | | |
| Last name: Lepage | Telephone 1: | | | | |
| First name: Aurelie | Telephone 2 (optional): | | | | |
| Email: | Fax (optional): | | | | |

CDM-MOC-FORM

| Specimen signature: | Date (dd/mm/yyyy): | |
|--|-------------------------|--|
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms. □ | |
| Last name: Le Sache | Telephone 1: | |
| First name: Fabrice | 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 | |