## Modalities of Communication Statement
(Version 03.0)

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>29/10/2013</th>
</tr>
</thead>
</table>

### SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Afforestation/Reforestation on Degraded Lands in Southwest Sichuan, China</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number:</td>
<td>9563</td>
</tr>
</tbody>
</table>

### 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:**
Daduhe Forestation Bureau

**Address:**
No. 353, Mid Baiyang Road, Leshan City
Sichuan
China

This entity is nominated as a focal point with the authority to:

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
Mr. Su
Ms. Xianwen
Telephone 1: 
Telephone 2 (optional): 
Fax (optional): 
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. Wang
Ms. Huaipin
Telephone 1: 
Telephone 2 (optional): 
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:
Novartis Pharma AG

Address:
Fabrikstrasse 1, Forum 1
4002 Basel
Switzerland

This entity is nominated as a focal point with the authority to:

<table>
<thead>
<tr>
<th>Authority Description</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Communicate in relation to requests for forwarding of CER</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Contact details (primary authorized signatory): Mr. Lehni
Last name: Lehni
First name: Markus
Telephone 1: 
Email: 
Specimen signature: Date (dd/mm/yyyy):

Contact details (alternate authorized signatory): Mr. Rupprecht
Last name: Rupprecht
First name: Peter
Telephone 1: 
Email: 
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