

Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

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Date of submission		08/02/20	011	
Section 1: Pr	oject Details			
1. Title of the CDM project activity	Kina Biopower 11.5MW EFB Power Plant			
2. Please state project ID Number if available	0385			
Section 2: Nomina	tion of Focal Point			
3. Details of the entity/ies nominated as focal point				
Notes: • Sole Focal Point authority - A signature of an authoric communication related to the corresponding scope of authoric • Shared Focal Point authority - A signature of an authoric required for communication related to the corresponding scope • Joint Focal Point authority - A signature of an author communication related to the corresponding scope of authoric point authoric related to the corresponding scope of authoric point author	ty. orized signatory of <u>ANY of the country</u> pe of authority. ized signatory of <u>ALL entities lis</u>	entities lis	ted below	is
Name of the entity: NES Japan Co., Ltd.				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	e with the CDM EB on	X		
(b) Authority to request the addition of project participal any voluntary withdrawal and to update contact details o (includes changes in company's name and legal status, ad	f project participant	X		
(c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project			X	
Contact details (primary authorized signatory):	Mr.			
Last name: Ito	Telephone:			
First name: Hideyuki	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Iokamori	Telephone:			
First name: Nobuomi	Fax:			
Email:	Address:			
Specimen signature:				

Name of the entity: Chubu Electric Power Co., Inc.				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communi allocation/forwarding of CERs	cate with the CDM EB on			
 (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. (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 				
			X	
Contact details (primary authorized signatory):	Mr.	'		
Last name: Kojima	Telephone:			
First name: Mitsuhiro	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Kawamoto	Telephone:			
First name: Tadashi	Fax:			
Email:	Address:			
Specimen signature:				
Name of the entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.				
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