

Modalities of Communication Form

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

| Date of submission | | 01/03/2010 | | |
|---|--|------------|--|--|
| Section 1: Project Details | | | | |
| 1. Title of the CDM project activity | Project for the Catalytic Reduction of N2O Emissions with a Secondary Catalyst Inside the Ammonia Reactor of the N4 Nitric Acid Plant at Haifa Chemicals Ltd., Israel. | | | |
| 2. Please state project ID Number if available | 1370 | | | |
| Section 2: Nomination of Focal Point | | | | |
| 3. Details of the entity/ies nominated as focal point | | | | |

Notes:

- · <u>Sole</u> Focal Point authority A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.
- Shared Focal Point authority A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
- · <u>Joint Focal Point authority</u> A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.

Name of the entity: Citi Group Global Markets This entity is nominated as focal point for: Sole Shared Joint X (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (b) Authority to request the addition of project participants and/or to communicate X 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 X registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project Contact details (primary authorized signatory): Mr. Last name: Mead Telephone: First name: Paul Fax: Address: Email: Specimen signature: Contact details (alternate authorized signatory): Mr. Telephone: Last name: Konijnenberg First name: Mark Fax: Address: Email: Specimen signature:

| Name of the entity: N.serve Environmental Services GmbH | | | | |
|--|--|----------|--------|-------|
| This entity is nominated as focal point for: | | | Shared | Joint |
| (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs | | | | |
| (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. | | | | X |
| (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: von Ruffer | Telephone: | | | |
| First name: Albrecht | Fax: | Fax: | | |
| Email: | Address: | Address: | | |
| Specimen signature: | | | | |
| Contact details (alternate authorized signatory): | Mr. | Mr. | | |
| Last name: von Velsen-Zerweck | Telephone: | ne: | | |
| First name: Marten | Fax: | | | |
| Email: | Address: | | | |
| | | | | |
| Name of the entity: Johnson Matthey plc | | Cala | Chanad | Taint |
| Johnson Matthey plc This entity is nominated as focal point for: | ate with the CDM FR on | Sole | Shared | Joint |
| Johnson Matthey plc | ate with the CDM EB on | Sole | Shared | Joint |
| Johnson Matthey plc This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communic | pants and/or to communicate s of project participant | Sole | Shared | Joint |
| Johnson Matthey plc This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communic allocation/forwarding of CERs (b) Authority to request the addition of project participany voluntary withdrawal and to update contact detail | pants and/or to communicate s of project participant addresses etc. on matters related to | Sole | Shared | |
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| This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communic allocation/forwarding of CERs (b) Authority to request the addition of project participany voluntary withdrawal and to update contact detail (includes changes in company's name and legal status, (c) Communication with the secretariat and CDM EB registration and/or issuance. Select this scope if the ent communication related to the project Contact details (primary authorized signatory): Last name: Gillinder First name: Trevor | pants and/or to communicate s of project participant addresses etc. on matters related to ity is to be copied on all Mr. Telephone: Fax: | Sole | Shared | X |
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| Johnson Matthey plc This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communic allocation/forwarding of CERs (b) Authority to request the addition of project participant voluntary withdrawal and to update contact detail (includes changes in company's name and legal status, (c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the enticommunication related to the project Contact details (primary authorized signatory): Last name: Gillinder First name: Trevor Email: Specimen signature: Contact details (alternate authorized signatory): | pants and/or to communicate s of project participant addresses etc. on matters related to ity is to be copied on all Mr. Telephone: Fax: Address: | Sole | Shared | X |
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| Name of the entity: Haifa Chemicals Limited | | | | | | | |
|--|------------|------|--------|-------|--|--|--|
| This entity is nominated as focal point for: | | Sole | Shared | Joint | | | |
| (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs | | | | | | | |
| (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. | | | | X | | | |
| (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): | Ms. | | | | | | |
| Last name: Koltin | Telephone: | | | | | | |
| First name: Dorit | Fax: | | | | | | |
| Email: | Address: | | | | | | |
| Specimen signature: | | | | | | | |
| Contact details (alternate authorized signatory): | Ms. | | | | | | |
| Last name: Yitzhaki | Telephone: | | | | | | |
| First name: Nir | Fax: | | | | | | |
| Email: | Address: | | | | | | |
| Specimen signature: | | | | | | | |