



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 N ₂ O 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:

- **Sole Focal Point authority** - A signature of an authorized signatory of ONLY the entity listed below is required 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.
- **Joint Focal Point authority** - A signature of an authorized signatory of ALL entities listed below are required 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
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs	X		
(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: Mead	Telephone:
First name: Paul	Fax:
Email:	Address:

Specimen signature:

Contact details (alternate authorized signatory):	Mr.
Last name: Konijnenberg	Telephone:
First name: Mark	Fax:
Email:	Address:

Specimen signature:

Name of the entity: N.serve Environmental Services GmbH			
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):	Mr.		
Last name: von Ruffer	Telephone:		
First name: Albrecht	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Mr.		
Last name: von Velsen-Zerweck	Telephone:		
First name: Marten	Fax:		
Email:	Address:		
Specimen signature:			
Name of the entity: Johnson Matthey plc			
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):	Mr.		
Last name: Gillinder	Telephone:		
First name: Trevor	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Mr.		
Last name: Crooks	Telephone:		
First name: Garry	Fax:		
Email:	Address:		
Specimen signature:			

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:			