

## Modalities of Communication Statement (Version 03.0)

Date of submission:		24/03/2	021	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	San Pedro Bio-Energy Project			
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	10418			
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.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.   • Mame of entity:				
San Pedro Bio-Energy S.R.L.				
Address: Av. Winston Churchill No.5. Torre Progreso, Santo Domingo Dominican Republic				
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		X		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	1		
Last name: Pichardo	Telephone 1:			
First name: Edgar	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.			
Last name: Santos	Telephone 1:			
First name: Cesar	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name? Former entity name, if applicable:	No			
Is this entity also a project participant?	Yes			
If the entity is also a project participant, do the same	Yes			
signatories represent it in its project participant, do the same	1 (3			