**Modalities of Communication Form**

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

<table>
<thead>
<tr>
<th>Date of submission</th>
<th>27/04/2012</th>
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**Section 1: Project Details**

1. **Title of the CDM project activity**: Reforestation on Degraded Lands in Northwest Guangxi
2. **Please state project ID Number if available**: 3561

**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:**
   The International Bank for Reconstruction and Development (IBRD) as Trustee of the BioCarbon Fund

   **This entity is nominated as focal point for:**

   | (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs | Sole | Shared | Joint |
   | (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: Chassard
   - First name: Joelle
   - Email: 
   - Specimen signature:

   **Contact details (alternate authorized signatory):**
   - Mr.
   - Last name: Prasad
   - First name: Neeraj
   - Email: 
   - Specimen signature: