

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 | | 07/05/2012 | | |
| Section 1: Project Details | | | | |
| 1. Title of the CDM project activity | Methane Capture and On-site Power Generation Project at Sungai Kerang Palm Oil Mill in Sitiawan, Perak, Malaysia | | | |
| 2. Please state project ID Number if available | 2185 | | | |
| 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 entite communication related to the corresponding scope of authority. Shared Focal Point authority - A signature of an authorized signatory of <u>ANY of the required</u> for communication related to the corresponding scope of authority. Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities li</u> communication related to the corresponding scope of authority. Name of the entity: Sungai, Kerang Development Sdn Bhd 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 (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 | | entities lis | ted below | is |
| communication related to the project | | | | |
| Contact details (primary authorized signatory): | Mr. | | | |
| Last name: Teng Ye | Telephone: | | | |
| First name: Ngan | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |
| Contact details (alternate authorized signatory): | | | | |
| Last name: | Telephone: | | | |
| First name: | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |