

## **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		15/06/2011		
Section 1: Project Details				
1. Title of the CDM project activity	roject activityAWMS Methane Recovery Project BR06-S-20, Minas Gerais, Brazil		nas	
2. Please state project ID Number if available	ber if available 1157			
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 <u>ANY of the entities listed below is 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 listed below are required</u> for communication related to the corresponding scope of authority.    Name of the entity:    AgCert International Ltd.    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				
Contact details (primary authorized signatory):	Mr.			
Last name: Perkowski	Telephone:			
First name: Leo S.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: McRoy	Telephone:			
First name: Pamela	Fax:			
Email:	Address:			
Specimen signature:				