Modalities of Communication Statement
(Version 03.0)

Date of submission:	28/05/2021

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Ras Ghareb Wind Energy Project
Project/programme of activities reference number: *(if available)*	10625

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.

Name of entity:
Ras Ghareb Wind Energy S.A.E.

Address:
Unit 1418,
Floor 14, Nile City,
Southern Tower,
Ramlet Boulaq
Cairo
Egypt

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. ☐
Last name: Almasy	Telephone 1:
First name: Miklos	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Mizumoto	Telephone 1:
First name: Yuji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Is this entity changing its name?	**No**
Former entity name, if applicable:	
Is this entity also a project participant?	**Yes**
If the entity is also a project participant, do the same signatories represent it in its project participant role?	**Yes**

Name of entity: Egyptian Electricity Transmission Company				
Address: Emtedad Ramsis Street, Abbasseya, Waily, Cairo Governorate Egypt				
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. ☒			
Last name: Rashad Abd El Khalek	Telephone 1:			
First name: Eman	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name?	**No**			
Former entity name, if applicable:				
Is this entity also a project participant?	**Yes**			
If the entity is also a project participant, do the same signatories represent it in its project participant role?	**Yes**			
Name of entity: Egyptian Environmental Affairs Agency				
Address: 30 Misr Helwan El-Zyraie Road, Maadi, P.O. 11728 Cairo Egypt				
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. ☒			
Last name: Aboutaleb	Telephone 1:			
First name: Prof. Dr. Enas	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			

Is this entity changing its name?	**No**
Former entity name, if applicable:	
Is this entity also a project participant?	**Yes**
If the entity is also a project participant, do the same signatories represent it in its project participant role?	**Yes**