

## Modalities of Communication Statement (Version 03.0)

| Date of submission:   |                               | 25/04/2022 |             |           |
|---|-------------------------------|------------|-------------|-----------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |                               |            |             |           |
| Title of the project/programme of activities:   | Al-Shaheen Oil Field Gas Reco | overy and  | Utilizatior | n Project |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>  | 0763                          |            |             |           |
| 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:<br>QatarEnergy  |                               |            |             |           |
| Address:<br>P.o.Box 3212 - Doha .Qatar<br>Doha<br>Qatar   |                               |            |             |           |
| 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<br>(a) or (b) above  |                               | X          |             |           |
| Contact details (primary authorized signatory):   | Mr. 🛛 Ms.                     |            |             |           |
| Last name: Al- Naimi  | Telephone 1:                  |            |             |           |
| First name: Saif  | Telephone 2 (optional):       |            |             |           |
| Email:  | Fax (optional):               |            |             |           |
| Specimen signature: Date (dd/mm/yyyy):  |                               |            |             |           |
| Is this entity changing its name?   | Yes                           |            |             |           |
| Former entity name, if applicable: Qatar Petroleum  |                               |            |             |           |
| 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                           |            |             |           |