**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**: 08/12/2011

### Section 1: Project Details

<table>
<thead>
<tr>
<th>1. Title of the CDM project activity</th>
<th>Shanxi Taigang Stainless Steel Co., Ltd. Sinter Machine Waste Heat Recovery and Generation Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Please state project ID Number if available</td>
<td>1705</td>
</tr>
</tbody>
</table>

### Section 2: Nomination of 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:** Camco International Limited

<table>
<thead>
<tr>
<th>This entity is nominated as focal point for:</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
- Ms.
- Last name: Rawlins
- First name: Madeleine
- Email:
- Telephone:
- Fax:
- Address:
- Specimen signature:

**Contact details (alternate authorized signatory):**
- Ms.
- Last name: Esteban
- First name: Beatriz Urgel
- Email:
- Telephone:
- Fax:
- Address:
- Specimen signature: