## Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

<table>
<thead>
<tr>
<th>Date of submission</th>
<th>08/12/2011</th>
</tr>
</thead>
</table>

### Section 1: Project Details

1. **Title of the CDM project activity**: Shanxi Taigang Stainless Steel Co., Ltd. Sinter Machine Waste Heat Recovery and Generation Project

2. **Please state project ID Number if available**: 1705

### 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

**This entity is nominated as focal point for:**

<table>
<thead>
<tr>
<th>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation-forwarding of CERs</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
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<tr>
<th>(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.)</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
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<tr>
<th>(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</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

Ms. Rawlins

**Telephone:**

**First name:** Madeleine

**Fax:**

**Email:**

**Address:**

**Specimen signature:**

**Contact details (alternate authorized signatory):**

Ms. Esteban

**Telephone:**

**First name:** Beatriz Urgel

**Fax:**

**Email:**

**Address:**

**Specimen signature:**