



Modalities of Communication Statement (Version 03.0)

Date of submission:	09/07/2013			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	Displacement of the electricity of the national electric grid by the auto-generation of renewable energy in the Cañaveralejo Wastewater Treatment Plant of EMCALI in Cali, Colombia			
Project/programme of activities reference number: <i>(if available)</i>	2285			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES				
Notes:				
<ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 				
Name of entity: Empresas Municipales de Cali Emcali EICE ESP				
Address: Calle 73 A # 2 E -97 Barrio Petecuy 1° Etapa, Cali, Colombia 76001000 Cali Colombia				
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Salas		Telephone 1:		
First name: Sergio		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Cerón		Telephone 1:		
First name: José Artemio		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: Post 2012 Carbon Credit Fund CV			
Address: Conning Asset Management Limited 55 King William Street EC4R 9AD London United Kingdom of Great Britain and Northern Ireland EC4R9AD London United Kingdom of Great Britain and Northern Ireland			
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Van der Burg	Telephone 1:		
First name: Markus	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>		
Last name: Smalley	Telephone 1:		
First name: Vi	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		