

Modalities of Communication Form

This form is to be used by project participants in order to sub	bmit the statement of Modalities of	of Commu	nication.	
Date of submission		28/03/2012		
Section 1: Pr	roject Details			
1. Title of the CDM project activity	Waste to Energy Project of SU Province, Viet Nam	t of SURE VN in Binh Duong		
2. Please state project ID Number if available	5105			
Section 2: Nomina	tion of Focal Point			
3. Details of the entity/ies nominated as focal point				
 Notes: Sole Focal Point authority - A signature of an authoric communication related to the corresponding scope of authorie - Shared Focal Point authority - A signature of an author required for communication related to the corresponding scope of authoric communication related to the corresponding scope of authoric communication related to the corresponding scope of authoric remains and the entity: The Climate Cent Foundation This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs (b) Authority to request the addition of project participation any voluntary withdrawal and to update contact details of (includes changes in company's name and legal status, addition and/or issuance. Select this scope if the entity communication related to the project 	ity. norized signatory of <u>ANY of the e</u> pe of authority. ized signatory of <u>ALL entities lis</u> ty. e with the CDM EB on nts and/or to communicate of project participant dresses etc. matters related to	entities lis	ted below	is
Contact details (primary authorized signatory):	Mr.			
Last name: Berg	Telephone:			
First name: Marco	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				

This entity is nominated as focal point for:		Sole	Shared	Join
(a) Authority to instruct the secretariat and communi allocation/forwarding of CERs	icate with the CDM EB on			
(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.				X
(c) Communication with the secretariat and CDM EB registration and/or issuance. Select this scope if the er communication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: Puthenpurekal	Telephone:			
First name: Paul	Fax:			
Email:	Address:			
Specimen signature: Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			