

Modalities of Communication Statement (Version 03.0)

Date of submission:		13/05/2	013					
SECTION 1: CDM PROJECT/PROC	GRAMME OF ACTIVITIES	DETAI	LS					
Title of the project/programme of activities:	Nam Dong 4 Hydro Power Pro	oject						
Project/programme of activities reference number: <i>(if available)</i>	6589							
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. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. • Mame of entity:								
PERENIA PTY LTD								
Address: PO Box 627 2059 North Sydney, NSW Australia								
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. 🛛 Ms.							
Last name: Wiener	Telephone 1:							
First name: Michael	Telephone 2 (optional):							
Email:	Fax (optional):							
Specimen signature:	Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.							
Last name: Andrew	Telephone 1:							
First name: Jauncey	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: NORTHERN ELECTRICAL DEVELOPMENT JOINT ST	OCK COMPANY NO. 3							

This entity is nominated as a focal point with the authority :: Sole Shared Joint (a) Communicate in relation to requests for forwarding of CER Image: C	Address: Number 3, An Duong street, Yen Phu ward, Tay Ho district Hanoi Viet Nam						
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and facal points, as well as changes to company names, legal vataws, contact details and specimen signaturesImage: Second	This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint		
project participants and focal points, as well as changes to company names, legal (a) or (b) aboveImage: Image: I	(a) Communicate in relation to requests for forwarding of CER						
(a) or (b) above Mr. M. M. Mr. M. Mr. M. Mr. Mr	project participants and focal points, as well as changes to company names, legal						
Last name: Le Telephone 1: First name: Hong Son Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr. ⊴ Ms.□ Last name: Ngo Telephone 1: First name: Duy Lam Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Specimen signature: Date (dd/mm/yyyy): Is this entity changing its name? No Former entity name, if applicable: Specimentity also a project participant? Yee Yee If the entity is also a project participant? Yee Name of entity: Sole Shared Evon FINANCE JOINT STOCK COMPANY Yee Address: Level 6-7, No, 434 Tran Khat Chan street, Pho Hue ward, Ha Trung distriet Hanoi Viet Nam Sole Shared Joint Ga) Communicate in relation to requests for addition adJ-true voluntary withdrawal of al project participant set well as changes to rungany names, legal Sole Shared Joint Ga) Communicate in relation to requests for addition adJ-true voluntary withdrawal of al or (b) above Sole Sha					X		
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Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Contact details (alternate authorized signatory): Mr.⊠ M.s.□ Last name: Ngo Telephone 1: First name: Duy Lam Telephone 2 (optional): Email: Fax (optional): Specimen signature: Date (dd/mm/yyyy): Specimen signature: Date (dd/mm/yyyy): Is this entity changing its name? No Former entity name, if applicable: Istis entity also a project participant? Yees Yees If the entity is also a project participant role? Yees Name of entity: EVN FINANCE JOINT STOCK COMPANY Address: Level 6-7, No. 434 Tran Khat Chan street, Pho Hue ward, Hai Ba Trung district Hanoi Viet Nam Yeit Nam Sole Shared Joint (a) Communicate in relation to requests for addition and/very withdrawal of Joint or requests for addition and/very withdrawal of Joint Sole Shared Address: (b) Communicate on all other project or programme relaters not covered by all opolos or project participants and focal points, as well as changes to rough and base, legal status, contact details and specimen signature Image: Level 6-7. Image: Level 6-7. Image: Level 6-7. Image: Level 6-7. <	Last name: Le	Telephone 1:					
Specimen signature:Date (dd/mm/yyyy):Contact details (alternate authorized signatory):Mr \boxtimes Ms \square Last name: NgoTelephone 1:First name: Duy LamTelephone 2 (optional):Email:Fax (optional):Specimen signature:Date (dd/mm/yyyy):Is this entity changing its name?NoFormer entity name, if applicable:Date (dd/mm/yyyy):Is this entity also a project participant?YesIf the entity is also a project participant nole?YesName of entity: EVN FINANCE JOINT STOCK COMPANYVesAddress: Level 6-7, No. 434 Tran Khat Chan street, Pho Hue ward, Hai Ba Trung district Hanoi (a) Communicate in relation to requests for forwarding t CERSoleShared(a) Communicate in relation to requests for addition ad/ t voluntary withdrawal of groject participant as changes t voluntary withdrawal of groject participant as changes t voluntary withdrawal of groject participant or programme relaters not covered by (a) or (b) aboveSoleSharedXContact details and specimen signaturesMark = Calephone 1: Telephone 1:Telephone 1: Telephone 1:Telephone 1: Telephone 1:Evan Hamme: CaoTelephone 1: Telephone 1:Telephone 1: Telephone 1:Telephone 1: Telephone 1:Enail:Contact details and specimen signaturesFace (optional):Telephone 1: Telephone 1:Enail:Face (optional):Telephone 1: Telephone 1:Telephone 1: Telephone 1:Enail:Face (Cange Contact)Face (optional):Telephone 1: Telephone 1:Face (Ad	First name: Hong Son	Telephone 2 (optional):					
Contact details (alternate authorized signatory): Mr ⊠ Ms.□ Last name: Ngo Telephone 1: First name: Duy Lam 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? Is this entity also a project participant nole? Yes If the entity is also a project participant nole? Yes Nome of entity: Even FINANCE JOINT STOCK COMPANY Address: Sole Shared Address: Sole Shared (a) Communicate in relation to requests for forwarding ∪ ER Isola Isola (a) Communicate in relation to requests for dadition at/v voluntary withdrawal of project participant sand focal points, as well as changes ∪ company names, legal status, contact details and specimen signatures Isola X (c) Communicate on all other project or programme relaters not covered by all or (or (b) above Isola X (c) Communicate on all other project or programme relation to requests for addition at/v voluntary withdrawal of project participants and focal points, as well as changes Isola Isola (c) Communicate on all other project or programme relates	Email:	Fax (optional):					
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First name: Thi Thu HaTelephone 2 (optional):Email:Fax (optional):	Contact details (primary authorized signatory):	Mr. 🗖 Ms. 🛛		,			
Email: Fax (optional):	Last name: Cao	Telephone 1:					
	First name: Thi Thu Ha	Telephone 2 (optional):					
Specimen signature:Date (dd/mm/yyyy):	Email:	Fax (optional):					
	Specimen signature: Date (dd/mm/yyyy):						

CDM-MOC-FORM

Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛		
Last name: Dang	Telephone 1:		
First name: Thi Hong Hai	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		