

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		10/05/20	012					
Section 1: Project Details								
1. Title of the CDM project activity	Ziyang county Bamiaoliang an hydropower project in Shaanxi		tian Bund	le small				
2. Please state project ID Number if available	5775							
Section 2: Nomina	tion of Focal Point							
3. Details of the entity/ies nominated as focal point								
Notes: • <u>Sole</u> Focal Point authority - A signature of an authorized communication related to the corresponding scope of authorized for communication related to the corresponding scope of an authorized for communication related to the corresponding scope of an authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related to the corresponding scope of authorized for communication related for co	ty. orized signatory of <u>ANY of the e</u> pe of authority. ized signatory of <u>ALL entities lis</u>	entities list	ted below	is				
Name of the entity: Climate Protection Invest AG								
This entity is nominated as focal point for:		Sole	Shared	Joint				
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				X				
(b) Authority to request the addition of project participan any voluntary withdrawal and to update contact details o (includes changes in company's name and legal status, ad	f project participant			X				
(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				X				
Contact details (primary authorized signatory):	Mr.							
Last name: Rittner	Telephone:							
First name: Frank	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	Joint
 (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (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
				X
(c) Communication with the secretariat and CDM E registration and/or issuance. Select this scope if the e communication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: Liu	Telephone:			
First name: Zhonghui	Fax:			
Email:	Address:			
Specimen signature:				
Specimen signature: Contact details (alternate authorized signatory):	Mr.			
	Mr. Telephone:			
Contact details (alternate authorized signatory):				