

Modalities of Communication Statement (Version 03.0)

Date of submission:		01/03/20	-	
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAII	LS	
Title of the project/programme of activities:	Southern Luoning HN5 Housel Luoyang, Henan Province	nold Bioga	as Project	in
Project/programme of activities reference number: <i>(if available)</i>	7735			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authori • Shared Focal Point authority - An authorized signatoric communication related to the corresponding scope of authori Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authori Mame of entity:	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u>	ow is requ	<u>ired to sig</u>	
Beijing Rural Well-Off Economy & Technology Development	nt Center			
Address: Room 902, Jiayou Building, No.25 South Landianchang Roa Beijing China	d,			
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding o	f CER			X
(b) Communicate in relation to requests for addition and/ project participants and focal points, as well as changes to status, contact details and specimen signatures	•			X
(c) Communicate on all other project or programme relat (a) or (b) above	ted matters not covered by			X
Contact details (primary authorized signatory):	Mr. 🛛 Ms.			
Last name: He	Telephone 1:			
First name: Junyuan	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: Rural China Development Company A PC				
Address: Templar House, Don Road, St. Helier, Channel Islands, JE1 2TR United Kingdom of Great Britain and Northern Ireland				
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding or	f CER			X

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(b) Communicate in relation to requests for addition a project participants and focal points, as well as change status, contact details and specimen signatures	e de la constante de	X
(c) Communicate on all other project or programme r (a) or (b) above	related matters not covered by	X
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Norman	Telephone 1:	
First name: Trevor	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.	
Last name: Le Feuvre	Telephone 1:	
Last name: Le Feuvre First name: Ashley	Telephone 1:Telephone 2 (optional):	
	1	
First name: Ashley	Telephone 2 (optional):	
First name: Ashley Email:	Telephone 2 (optional): Fax (optional):	
First name: Ashley Email:	Telephone 2 (optional): Fax (optional):	
First name: Ashley Email: Specimen signature:	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):	
First name: Ashley Email: Specimen signature: Is this entity changing its name?	Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):	