



Modalities of Communication Statement (Version 03.0)

| | | | |
|--|--|---|---------------|
| Date of submission: | | 18/12/2012 | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | |
| Title of the project/programme of activities: | | Southwestern Ruyang HN7 Household Biogas Project in Luoyang, Henan Province | |
| Project/programme of activities reference number: (if available) | | 7113 | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | |
| <p>Notes:</p> <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: Beijing Rural Well-Off Economy & Technology Development Center | | | |
| Address: Room 902, Jiayou building, No.25 South Landianchang Road, Beijing China | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared |
| (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: 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 authority to: | | Sole | Shared |
| (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: Norman | | Telephone 1: | | |
| First name: Trevor | | 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: Le Feuvre | | Telephone 1: | | |
| First name: Ashley | | 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 | | |