

Modalities of Communication Statement (Version 03.0)

Date of submission:		18/12/2	013					
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAI	LS					
Title of the project/programme of activities:	Gansu Yumen Diwopu Phase II Wind Power Project							
Project/programme of activities reference number: <i>(if available)</i>	3167							
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES						
 Notes: <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. <u>Mame of entity:</u> Gansu Jieyuan Wind Power Co., Ltd. 								
Floor 7, No.6-9 Fuchengmen North Street 100034 Beijing China								
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: Huang	Telephone 1:							
First name: Qun	Telephone 2 (optional):							
Email:	Fax (optional):							
Specimen signature:	Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.							
Last name: Wang	Telephone 1:							
First name: Yao	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: Statkraft Markets GmbH								

Address:
Derendorfer Allee 2 a
40476 Düsseldorf
Germany

This entity is nominated as a focal point with the authority to:(a) Communicate in relation to requests for forwarding of CER		Sole	Shared	Joint
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				
Contact details (primary authorized signatory):	Mr. 🛛 Ms.			
Last name: Peters	Telephone 1:			
First name: Stef	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.			
Last name: Liu	Telephone 1:			
First name: Hsien-Hua	Telephone 2 (optional):			
Email:	Fax (optional):			
Email: Specimen signature:	Fax (optional): Date (dd/mm/yyyy):			
Specimen signature:				
Specimen signature: Is this entity changing its name?	Date (dd/mm/yyyy):			
	Date (dd/mm/yyyy):			