

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |  | 05/04/2013 |        |       |  |
|--|--|------------|--------|-------|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   |  |            |        |       |  |
| Title of the project/programme of activities:  | Guohua Zhucheng Wind Farm Project (Phase II) |            |        |       |  |
| Project/programme of activities reference number: (if available)   | 7293   |            |        |       |  |
| 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. |  |            |        |       |  |
| Name of entity: Department of Climate Change, National Development and Reform Commission   |  |            |        |       |  |
| Address: No.38, Yuetannan Street, Xicheng District, 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: Cuihua  | Telephone 1:                                 |            |        |       |  |
| First name: Sun  | 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: Guohua (Zhucheng) Wind Power Generation Co., Ltd.  |  |            |        |       |  |
| Address: Guohua Investment Building, No.3 South Road of Dongzhimen, Dongcheng District, 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     |  |

## CDM-MOC-FORM

| (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: Feng  | Telephone 1:            |  |  |
| First name: Xuepei   | Telephone 2 (optional): |  |  |
| Email:   | Fax (optional):         |  |  |
| Specimen signature:  | Date (dd/mm/yyyy):      |  |  |
|  |                         |  |  |
| Contact details (alternate authorized signatory):  | Mr. ☐ Ms. ☒             |  |  |
| Last name: Li  | Telephone 1:            |  |  |
| First name: Jia  | 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                     |  |  |