

## Modalities of Communication Statement (Version 03.0)

| 3/2   |                             |            |        |       |  |
|---|-----------------------------|------------|--------|-------|--|
| Date of submission:   |                             | 05/08/2023 |        |       |  |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |                             |            |        |       |  |
| Title of the project/programme of activities:   | Yunnan Lincang Zhenai Hydro | power Pro  | oject  |       |  |
| Project/programme of activities reference number: (if available)  | 1994                        |            |        |       |  |
| 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: |                             |            |        |       |  |
| EKI Energy Services Limited   |                             |            |        |       |  |
| Address: EnKing Embassy Office No. 201 Plot 48, Scheme 78, Part 2 Vijay Nagar 452010 Indore India   |                             |            |        |       |  |
| 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: Sharma   | Telephone 1:                |            |        |       |  |
| First name: Naveen  | 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:<br>Lincang Xinrui Power Generation Co., Ltd   |                             |            |        |       |  |
| Address: S-10, Zaluying, Lingxiang District, Lincang City,677000 Yunnan Province, China 677000 Yunnan Province 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   |                             |            |        |       |  |

## CDM-MOC-FORM

| (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 |                             |   |  |  |
|---|-----------------------------|---|--|--|
| (c) Communicate on all other project or programme rela<br>(a) or (b) above  | ated matters not covered by | X |  |  |
| Contact details (primary authorized signatory):   | Mr.⊠ Ms.□                   |   |  |  |
| Last name: Zhang  | Telephone 1:                |   |  |  |
| First name: Qingxi  | 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                         |   |  |  |