

Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.							
Date of submission	Date of submission 0		05/03/2011				
Section 1: Project Details							
1. Title of the CDM project activity	Santo Domingo Wind Energy Project						
2. Please state project ID Number if available	1586						
Section 2: Nomination of Focal Point							
3. Details of the entity/ies nominated as focal point							
Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Mame of the entity:							
KfW							
This entity is nominated as focal point for:		Sole	Shared	Joint			
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				X			
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				X			
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X				
Contact details (primary authorized signatory):	Ms.		Į				
Last name: Mulder	Telephone:						
First name: Karin	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Ms.						
Last name: Detken	Telephone:						
First name: Annette	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: Nordic Environment Finance Corporation NEFCO in its capa	acity as Fund Manager to the NE	FCO Carl	oon Fund (1	NeCF)			
This entity is nominated as focal point for:		Sole	Shared	Joint			
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				X			
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				X			
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X				
Contact details (primary authorized signatory):	Mr.		11				
Last name: Sharma	Telephone:						
First name: Ash	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Ms.						
Last name: Nyberg	Telephone:						
First name: Tina	Fax:						
Email:	Address:						
Specimen signature: Name of the entity: Eoliatec del Pacifico SAPI de CV							
This entity is nominated as focal point for:		Sole	Shared	Joint			
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs							
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				X			
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			X				
Contact details (primary authorized signatory):	Mr.						
Last name: Zenteno	Telephone:						
First name: Eduardo	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							