

Modalities of Communication Statement (Version 03.0)

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|--|---|------------|---------------------|-------|--|--|
| Date of submission: | | 21/05/2 | | | | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | | |
| Title of the project/programme of activities: | Zhenlai Heiyupao Windfarm P | roject (Ph | nase IV) | | | |
| Project/programme of activities reference number: (if available) | 8124 | | | | | |
| SECTION 2: NOMINATION O | F FOCAL POINT ENTITY | /IES | | | | |
| Notes: • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authorite - Shared Focal Point authority - An authorized signato communication related to the corresponding scope of authorite - Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authorite Name of entity: Zhenlai Huaxing Wind Power Co., Ltd. | ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are r</u> | ow is requ | <u>iired</u> to sig | | | |
| Address: Baomatu Village, Heiyupao Town, Zhenlai County, Jilin Pro China | vince, | | | | | |
| 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.□ | I | | | | |
| Last name: Wang | Telephone 1: | | | | | |
| First name: Jinghui | Telephone 2 (optional): | | | | | |
| Email: | Fax (optional): | | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | | |
| Contact details (alternate authorized signatory): | Mr.⊠ Ms.□ | | | | | |
| Last name: Du | Telephone 1: | | | | | |
| First name: Shuyao | 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: Camco Carbon Credits Limited | | | | | | |

| Address: Channel House, Green Street, St Helier, Jersey, Channel Is | slands, | | | |
|---|-------------------------|------|--------|-------|
| JE2 4UH United Kingdom of Great Britain and Northern Ireland | | | | |
| 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. □ | ' | | ı |
| Last name: Zhang | Telephone 1: | | | |
| First name: Yuzhong | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| Contact details (alternate authorized signatory): | Mr. ⊠ Ms. □ | | | |
| Last name: Ludlow | Telephone 1: | | | |
| First name: Graeme | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| Is this entity changing its name? | No | | | |
| Former entity name, if applicable: | I | | | |
| 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 | | | |