

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 27/09/2 | 012 | |
|---|---|------------|---------------------|-------|
| SECTION 1: CDM PROJECT/PROC | CRAMME OF ACTIVITIES | | | |
| Title of the project/programme of activities: | Heilongjiang Huafu Muling Wind Farm Project | | | |
| Project/programme of activities reference number: (if available) | 0906 | | | |
| SECTION 2: NOMINATION (| | /IES | | |
| Notes: | | | | |
| Sole Focal Point authority - An authorized signatory communication related to the corresponding scope of authority - Shared Focal Point authority - An authorized signat communication related to the corresponding scope of authority - Joint Focal Point authority - Authorized signatories communication related to the corresponding scope of authority - Authorized signatories communication related to the corresponding scope of authority - Authorized signatories communication related to the corresponding scope of authority - Authorized signatory - | rity. ory <u>ANY of the entities listed bel</u> rity. of <u>ALL entities listed below are real to the lown are real to th</u> | ow is requ | <u>uired</u> to sig | |
| Name of entity: Energy Systems International B.V. | | | | |
| Address: Naritaweg 165 1043 BW Amsterdam Netherlands | | | | |
| This entity is nominated as a focal point with the author | ity 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: JOUBERT | Telephone 1: | | | |
| First name: François | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |
| | | | | |
| Contact details (alternate authorized signatory): | Mr. ☐ Ms. ☒ | | | |
| Last name: Bigois | Telephone 1: | | | |
| First name: Beatrice | 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: Heilongjiang Huafu Muling Wind Power Co. Ltd. | | | | |

| Address: Heilongjiang Huafu Muling Wind Power Co. Ltd., Centra 150090 Ha'erbin China | lize Area, Development Zone | | | |
|---|-------------------------------|------|--------|---------|
| 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 X |
| | | | | |
| (c) Communicate on all other project or programme re (a) or (b) above | elated matters not covered by | X | | |
| Contact details (primary authorized signatory): | Mr. ☑ Ms. □ | | | |
| Last name: Wang | Telephone 1: | | | |
| First name: Zhongwei | 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 | | | |