

## **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		17/02/2010					
Section 1: Project Details							
1. Title of the CDM project activity	Inner Mongolia Bayinhanggai 49.5MW Wind Farm Project						
2. Please state project ID Number if available	2027						
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 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.   Name of the entity: KfW   This entity is nominated as focal point for: Sole Sole Shared Joint   (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs X Image: Sole scole sc							
communication related to the project Contact details (primary authorized signatory):	Mr.						
Last name: Sekinger	Telephone:						
First name: Florian	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Durth	Telephone:						
First name: Rainer	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: Shanxi Zhangze Electric Power Co., Ltd.						
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: Wang	Telephone:					
First name: Aihua	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):						
Last name:	Telephone:					
First name:	Fax:					
Email:	Address:					
Specimen signature:	·					