

## Modalities of Communication Statement (Version 03.0)

Date of submission:		13/05/2013				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Nam Dong 4 Hydro Power Pro	ject				
Project/programme of activities reference number: (if available)	6589					
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:  PERENIA PTY LTD  Address:  PO Box 627 2059 North Sydney, NSW						
Australia			Joint			
(a) Communicate in relation to requests for forwarding of CER		X	Shared	Oomi		
(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: Wiener	Telephone 1:					
First name: Michael	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □					
Last name: Andrew	Telephone 1:					
First name: Jauncey	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: NORTHERN ELECTRICAL DEVELOPMENT JOINT STOCK COMPANY NO. 3						

Address: Number 3, An Duong street, Yen Phu ward, Tay Ho district Hanoi Viet Nam					
This entity is nominated as a focal point with the authori	ty to:	Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of		Soic	Shared	JUIII	
(a) Communicate in relation to requests for forwarding of CER  (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: Le	Telephone 1:				
First name: Hong Son	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ☑ Ms. □				
Last name: Ngo	Telephone 1:				
First name: Duy Lam	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: EVN FINANCE JOINT STOCK COMPANY					
Address: Level 6-7, No. 434 Tran Khat Chan street, Pho Hue ward, Hai Ba Trung district Hanoi Viet Nam					
This entity is nominated as a focal point with the authori		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of	of CER				
(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: Cao	Telephone 1:				
First name: Thi Thu Ha	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature: Date (dd/mm/yyyy):					

## CDM-MOC-FORM

Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒		
Last name: Dang	Telephone 1:		
First name: Thi Hong Hai	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		