



Modalities of Communication Statement (Version 03.0)

Date of submission:	05/10/2012
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SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Providencia Hydroelectric Plant
Project/programme of activities reference number: (if available)	5831

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:

Hidroeléctrica Providencia S.A.

Address:

AV. Presidente Kennedy 5757 of 802, Las Condes
Santiago
Chile

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	<input checked="" type="checkbox"/>		
(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	<input checked="" type="checkbox"/>		
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	<input checked="" type="checkbox"/>		

Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Contardo	Telephone 1:
First name: Jose Manuel	Telephone 2 (optional):
Email:	Fax (optional):

Specimen signature: Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Pedinian	Telephone 1:
First name: Aram	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