

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		23/05/2012			
Section 1: Project Details					
1. Title of the CDM project activity	Chengkou County Huangan River Lijiaba Hydroelectric				
	Project				
2. Please state project ID Number if available	2959				
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 are required for					
communication related to the corresponding scope of authority.					

Name of the entity:

EcoSecurities International Limited						
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		X				
(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: Browne	Telephone:					
First name: Patrick James	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):	Ms.					
Last name: Shah	Telephone:					
First name: Komal	Fax:					
Email:	Address:					
Specimen signature:						