

## Modalities of Communication Statement (Version 03.0)

		04/10/20				
Date of submission: SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES		04/10/2012				
	RAMME OF ACTIVITIES	DETAII	LS			
Title of the project/programme of activities:	MSW Incineration for 24MW I in Anqing City, Anhui Province		eneration P	roject		
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	6025					
SECTION 2: NOMINATION O	F 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.         • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.         • Mame of entity:         Anqing Wanneng Zhongke Green Power Co., Ltd.						
Address: Lian Sheng Village, Shan Kou Town, Daguan District, Anqir China	ng City, Anhui Province					
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding o	f CER			X		
<ul> <li>(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</li> <li>(c) Communicate on all other project or programme related matters not covered by</li> </ul>			X	X		
(a) or (b) above						
Contact details (primary authorized signatory):	Mr. 🛛 Ms.					
Last name: Fang	Telephone 1:					
First name: Li	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: Goldman Sachs International						
Address: 133 Fleet Street, EC4A 2BB London United Kingdom of Great Britain and Northern Ireland						
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding or	f CER			Χ		

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(b) Communicate in relation to requests for addition project participants and focal points, as well as chang status, contact details and specimen signatures			X
(c) Communicate on all other project or programme (a) or (b) above	related matters not covered by	X	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.		
Last name: Shenouda	Telephone 1:		
First name: Magid	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		