

Modalities of Communication Statement (Version 03.0)

Date of submission:			20/11/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Seoul PV (photovoltaic) Powe	r Plant Pr	oject		
Project/programme of activities reference number: <i>(if available)</i>	6664				
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. • 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: Korea Midland Power Co., LTD					
Address: 12th Floor Dong-il Building, 1004, Daechi-dong, Gangnam-gu, Seoul Republic of Korea					
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		X			
(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.	1	_!!		
Last name: Song	Telephone 1:				
First name: Jeong-Hon	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. 🗖 Ms. 🛛				
Last name: Heo	Telephone 1:				
First name: Yun-Jeong	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				