

## **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  |  | 15/05/2012 |        |       |  |  |  |
| Section 1: Project Details  |  |            |        |       |  |  |  |
| 1. Title of the CDM project activity  | Jilin Wangqing 2×25MW Biomass Cogeneration Project |            |        |       |  |  |  |
| 2. Please state project ID Number if available  | 4060   |            |        |       |  |  |  |
| Section 2: Nomination of Focal Point  |  |            |        |       |  |  |  |
| 3. Details of the entity/ies nominated as focal point   |  |            |        |       |  |  |  |
| <ul> <li>Notes: <ul> <li>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.</li> <li>Shared Focal Point authority - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul> </li> <li>Mame of the entity: <ul> <li>Nume of the entity:</li> </ul> </li> </ul> |  |            |        |       |  |  |  |
| RWE Power Aktiengesellschaft         This entity is nominated as focal point for:   |  |            | Shared | Joint |  |  |  |
| (a) Authority to instruct the secretariat and communicate with the CDM EB on<br>allocation/forwarding of CERs   |  | Sole<br>X  | Sharea | Joint |  |  |  |
| (b) Authority to request the addition of project participants and/or to communicate<br>any voluntary withdrawal and to update contact details of project participant<br>(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.  | 1          |        |       |  |  |  |
| Last name: Kons   | Telephone:   |            |        |       |  |  |  |
| First name: Ludwig  | Fax:   |            |        |       |  |  |  |
| Email:  | Address:   |            |        |       |  |  |  |
| Specimen signature:   |  |            |        |       |  |  |  |
| Contact details (alternate authorized signatory):   | Mr.  |            |        |       |  |  |  |
| Last name: Aguilera Lagos   | Telephone:   |            |        |       |  |  |  |
| First name: Antonio   | Fax:   |            |        |       |  |  |  |
| Email:  | Address:   |            |        |       |  |  |  |
| Specimen signature:   |  |            |        |       |  |  |  |

| Name of the entity:<br>Changchun Yongtuo Energy Co., Ltd.  |            |      |        |       |  |  |
|--|------------|------|--------|-------|--|--|
| 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   |            |      |        |       |  |  |
| (b) Authority to request the addition of project participants and/or to communicate<br>any voluntary withdrawal and to update contact details of project participant<br>(includes changes in company's name and legal status, addresses etc. |            |      |        |       |  |  |
| (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: Yang  | Telephone: |      |        |       |  |  |
| First name: Aimin  | Fax:       |      |        |       |  |  |
| Email:   | Address:   |      |        |       |  |  |
| Specimen signature:  |            |      |        |       |  |  |
| Contact details (alternate authorized signatory):  |            |      |        |       |  |  |
| Last name:   | Telephone: |      |        |       |  |  |
| First name:  | Fax:       |      |        |       |  |  |
| Email:   | Address:   |      |        |       |  |  |
| Specimen signature:  |            |      |        |       |  |  |