## Modalities of Communication Statement (Version 03.0)

**Date of submission:** 08/03/2013

### SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Gansu Heihe Baopinghe Hydropower Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>5162</td>
</tr>
</tbody>
</table>

### 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:**
Solvay Energy Services SAS

**Address:**
25 Rue de Clichy
75009 Paris
France

<table>
<thead>
<tr>
<th>This entity is nominated as a focal point with the authority to:</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Communicate in relation to requests for forwarding of CER</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
Mr. Rosier
Telephone 1:
First name: Philippe
Telephone 2 (optional):
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Ms. Visciglio-Fairbank
Telephone 1:
First name: Valerie
Telephone 2 (optional):
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Is this entity changing its name?**
Yes

**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