

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 | | 19/07/20 | 12 | | | | | |
| Section 1: Pr | oject Details | | | | | | | |
| 1. Title of the CDM project activity | Xinjiang Kashi River Wenquar | n Hydropo | wer Projec | et | | | | |
| 2. Please state project ID Number if available | 4446 | | | | | | | |
| Section 2: Nomina | tion of Focal Point | | | | | | | |
| 3. Details of the entity/ies nominated as focal point | | | | | | | | |
| Notes: • <u>Sole</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authorit • <u>Shared</u> Focal Point authority - A signature of an authority required for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an authority communication related to the corresponding scope of authority Name of the entity: | ty. orized signatory of <u>ANY of the e</u> be of authority. ized signatory of <u>ALL entities lis</u> | entities list | ed below | is | | | | |
| Eco Asset Incorporated | | | | | | | | |
| This entity is nominated as focal point for: | | Sole | Shared | Joint | | | | |
| (a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs | with the CDM EB on | | | X | | | | |
| (b) Authority to request the addition of project participant any voluntary withdrawal and to update contact details of (includes changes in company's name and legal status, additional status) and the status of th | f project participant | | | X | | | | |
| (c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project | | | | X | | | | |
| Contact details (primary authorized signatory): | Mr. | | I | | | | | |
| Last name: Aoki | Telephone: | | | | | | | |
| First name: Koji | Fax: | | | | | | | |
| Email: | Address: | | | | | | | |
| Specimen signature: | | | | | | | | |
| Contact details (alternate authorized signatory): | Mr. | | | | | | | |
| Last name: Yagyu | Telephone: | | | | | | | |
| First name: Naoto | Fax: | | | | | | | |
| Email: | Address: | | | | | | | |
| Specimen signature: | | | | | | | | |

| 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 any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc. | | | | X |
| | | | | X |
| (c) Communication with the secretariat and CDM El registration and/or issuance. Select this scope if the e communication related to the project | | | | X |
| Contact details (primary authorized signatory): | Ms. | | | |
| Last name: Li | Telephone: | | | |
| First name: Xinli | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |
| | | | | |
| Contact details (alternate authorized signatory): | Mr. | | | |
| Contact details (alternate authorized signatory): Last name: Zhao | Mr. Telephone: | | | |
| | | | | |