



## Modalities of Communication Statement (Version 03.0)

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| <b>Date of submission:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 23/01/2015                                                            |               |              |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |               |              |
| <b>Title of the project/programme of activities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Shanxi Wangpo Low Concentration Coal Mine Methane Utilization Project |               |              |
| <b>Project/programme of activities reference number:</b><br><i>(if available)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4534                                                                  |               |              |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>• <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>• <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>• <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> |                                                                       |               |              |
| <b>Name of entity:</b><br>China Carbon N.V.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |               |              |
| <b>Address:</b><br>Zuidplein 138<br>1077 XV Amsterdam<br>Netherlands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |               |              |
| <b>This entity is nominated as a focal point with the authority to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Sole</b>                                                           | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>X</b>                                                              |               |              |
| <b>(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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>X</b>                                                              |               |              |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>X</b>                                                              |               |              |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>  |               |              |
| Last name: Cacatian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone 1:                                                          |               |              |
| First name: Johnny                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone 2 (optional):                                               |               |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fax (optional):                                                       |               |              |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date (dd/mm/yyyy):                                                    |               |              |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>  |               |              |
| Last name: Bijleveld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Telephone 1:                                                          |               |              |
| First name: Niels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Telephone 2 (optional):                                               |               |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fax (optional):                                                       |               |              |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date (dd/mm/yyyy):                                                    |               |              |
| Is this entity changing its name?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>No</b>                                                             |               |              |
| Former entity name, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |               |              |
| Is this entity also a project participant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Yes</b>                                                            |               |              |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Yes</b>                                                            |               |              |