



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>		12/09/2013	
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>		Yunnan Yuanjiang Lutong Hydropower Station	
<b>Project/programme of activities reference number:</b> (if available)		1743	
<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> Yuanjiang Lutong Hydropower Co. Ltd.			
<b>Address:</b> No 2089, North of Haiyuan Road, Gaoxin District, Kunming City, Yunnan Province 650106 Kunming China			
<b>This entity is nominated as a focal point with the authority to:</b>		<b>Sole</b>	<b>Shared</b>
<b>(a) Communicate in relation to requests for forwarding of CER</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 type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Liu		Telephone 1:	
First name: Zaoyan		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?		<b>Yes</b>	
Former entity name, if applicable: Yunnan Minfa Group Yuanjiang Lutong Hydropower Co. Ltd.			
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>	
<b>Name of entity:</b> South Pole Carbon Asset Management Ltd.			
<b>Address:</b> Technoparkstrasse 1 8005 zurich Switzerland			
<b>This entity is nominated as a focal point with the authority to:</b>		<b>Sole</b>	<b>Shared</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: Heuberger	Telephone 1:			
First name: Renat	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: Grobbel	Telephone 1:			
First name: Christoph	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>		
<b>Name of entity:</b> Kommunalkredit Public Consulting GMBH				
<b>Address:</b> Tuerkenstrasse 9 1092 Vienna Austria				
<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>(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: Diernhofer	Telephone 1:			
First name: Wolfgang	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: Gauss	Telephone 1:			
First name: Martin	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>