

Modalities of Communication Form

This form is to be used by project participants in order to sub	omit the statement of Modalities of	of Commu	nication.	
Date of submission		09/07/2012		
Section 1: Pr	oject Details			
1. Title of the CDM project activity	China Resources Weichang Yudaokou Baihuapo 49.5 MW Wind Power Project			
2. Please state project ID Number if available	6046			
Section 2: Nomina	tion of Focal Point			
3. Details of the entity/ies nominated as focal point				
 Notes: Sole Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authori Shared Focal Point authority - A signature of an author required for communication related to the corresponding scope of authori scommunication related to the corresponding scope of authori communication related to the corresponding scope of authori scope of authori scope of the entity: China Resources Wind Power (Chengde Yudaokou) Co., Ltd This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs (b) Authority to request the addition of project participation any voluntary withdrawal and to update contact details o (includes changes in company's name and legal status, ad (c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project 	ty. orized signatory of <u>ANY of the e</u> orized signatory of <u>ALL entities lis</u> ized signatory of <u>ALL entities lis</u> ty. with the CDM EB on the and/or to communicate f project participant dresses etc. matters related to	entities list	ed below	is
Contact details (primary authorized signatory):	Mr.			
Last name: Lin	Telephone:			
First name: Weiping	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				

This entity is nominated as focal point for:(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.		Sole	Shared	Join
				X X
Contact details (primary authorized signatory):	Ms.			
Last name: Sun	Telephone:			
First name: Cuihua	Fax:			
Email:	Address:			
Specimen signature: Contact details (alternate authorized signatory):				
Last name:	Telephone:			
East hume.				
First name:	Fax:			