

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 27/09/2013 | | | | |
|--|--|------------|-----------|-------|--|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | | |
| Title of the project/programme of activities: | Hunan Chuangyuan Primary A Renovation Project | luminium | Smelter S | ystem | | |
| Project/programme of activities reference number: (if available) | 9270 | | | | | |
| 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: Arcadia Energy (Suisse) S.A. | | | | | | |
| Address: Tellenstr. 34 CH-6056 Kägiswil Switzerland | | | | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared | Joint | | |
| (a) Communicate in relation to requests for forwarding of CER | | | | X | | |
| (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 | | | | X | | |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | | | | X | | |
| Contact details (primary authorized signatory): | Mr. ⋈ Ms. □ | | | | | |
| Last name: Rittner | Telephone 1: | | | | | |
| First name: Frank | Telephone 2 (optional): | | | | | |
| Email: | Fax (optional): | | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | | |
| Is this entity changing its name? | No | | | | | |
| Former entity name, if applicable: | | | | | | |
| 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 | | | | | |
| Name of entity: Hunan Chuangyuan Aluminum Co., Ltd | | | | | | |
| Address: Chuangyuan Industrial Park, Taoyuan County, Chengde City Hunan Province China | | | | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared | Joint | | |
| (a) Communicate in relation to requests for forwarding of CER | | | | X | | |

| (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 | | | | X | | |
|---|-------------------------|-------------|--------|-------|--|--|
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | | | | X | | |
| Contact details (primary authorized signatory): | Mr. ☑ Ms. □ | | | | | |
| Last name: Wang | Telephone 1: | | | | | |
| First name: Yixing | Telephone 2 (optional): | | | | | |
| Email: | Fax (optional): | | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | | |
| Is this entity changing its name? | No | | | | | |
| Former entity name, if applicable: | | | | | | |
| 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 | | | | | |
| Name of entity: Q.C.A. AG | | | | | | |
| Address: Tellenstr. 34 CH-6056 Kägiswil Switzerland | | | | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared | Joint | | |
| (a) Communicate in relation to requests for forwarding of CER | | | | X | | |
| (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 | | | | X | | |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | | | | X | | |
| Contact details (primary authorized signatory): | Mr. ⋈ Ms. □ | | | | | |
| Last name: Rittner | Telephone 1: | elephone 1: | | | | |
| First name: Frank | Telephone 2 (optional): | | | | | |
| Email: | Fax (optional): | | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | | |
| Is this entity changing its name? | No | | | | | |
| Former entity name, if applicable: | 1 | | | | | |
| 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 | | | | | |