

## **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  |  | 17/04/2012 |        |       |
| Section 1: Project Details  |  |            |        |       |
| 1. Title of the CDM project activity  | Chongqing Chengkou County Jianjiawan Hydropower<br>Station Project |            |        |       |
| 2. Please state project ID Number if available  | 4137   |            |        |       |
| Section 2: Nomination of Focal Point  |  |            |        |       |
| 3. Details of the entity/ies nominated as focal point   |  |            |        |       |
| Notes:  • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.  • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.  • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. |  |            |        |       |
| Name of the entity:<br>Chongqing Jianjiawan Hydropower Development Co., Ltd.  |  |            |        |       |
| 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  |  | X          |        |       |
| (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          |        |       |
| (c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project   |  | X          |        |       |
| Contact details (primary authorized signatory):   | Mr.  |            |        |       |
| Last name: Tan  | Telephone:   |            |        |       |
| First name: Lei   | Fax:   |            |        |       |
| Email:  | Address:   |            |        |       |
| Specimen signature:   |  |            |        |       |
| Contact details (alternate authorized signatory):   |  |            |        |       |
| Last name:  | Telephone:   |            |        |       |
| First name:   | Fax:   |            |        |       |
| Email:  | Address:   |            |        |       |
| Specimen signature:   |  |            |        |       |