



## Modalities of Communication Form

*This form is to be used by project participants in order to submit the statement of Modalities of Communication.*

|   |                       |               |              |
|---|-----------------------|---------------|--------------|
| <b>Date of submission</b>   | 01/03/2012            |               |              |
| <b>Section 1: Project Details</b>   |                       |               |              |
| <b>1. Title of the CDM project activity</b>   | Wind Farm Kosava I+II |               |              |
| <b>2. Please state project ID Number if available</b>   | 5309                  |               |              |
| <b>Section 2: Nomination of Focal Point</b>   |                       |               |              |
| <b>3. Details of the entity/ies nominated as focal point</b>  |                       |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul> |                       |               |              |
| <b>Name of the entity:</b><br>MK-Fintel Wind AD   |                       |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b>           | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |                       |               | <b>X</b>     |
| <b>(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.)</b>  |                       |               | <b>X</b>     |
| <b>(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</b>  |                       |               | <b>X</b>     |
| <b>Contact details (primary authorized signatory):</b>  | Mr.                   |               |              |
| Last name: Giovannetti  | Telephone:            |               |              |
| First name: Tiziano   | Fax:                  |               |              |
| Email:  | Address:              |               |              |
| Specimen signature:   |                       |               |              |
| <b>Contact details (alternate authorized signatory):</b>  |                       |               |              |
| Last name:  | Telephone:            |               |              |
| First name:   | Fax:                  |               |              |
| Email:  | Address:              |               |              |
| Specimen signature:   |                       |               |              |

|   |             |               |              |
|---|-------------|---------------|--------------|
| <b>Name of the entity:</b><br>Energy Changes Projektentwicklung GmbH  |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               | <b>X</b>     |
| <b>(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.</b> |             |               | <b>X</b>     |
| <b>(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</b>                                      |             |               | <b>X</b>     |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Ploechl  | Telephone:  |               |              |
| First name: Clemens   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  |             |               |              |
| Last name:  | Telephone:  |               |              |
| First name:   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Name of the entity:</b><br>Plus Ultra Asset Management GmbH  |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               | <b>X</b>     |
| <b>(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.</b> |             |               | <b>X</b>     |
| <b>(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</b>                                      |             |               | <b>X</b>     |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Huettner   | Telephone:  |               |              |
| First name: Clemens   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  |             |               |              |
| Last name:  | Telephone:  |               |              |
| First name:   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |