

Modalities of Communication Form

This form is to be used by project participants in order to su	bmit the statement of Modalities (of Commi	unication.			
Date of submission		01/03/2012				
Section 1: Project Details						
1. Title of the CDM project activity	Wind Farm Kosava I+II					
2. Please state project ID Number if available	5309					
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 authoric communication related to the corresponding scope of authoric - Shared Focal Point authority - A signature of an authoric for communication related to the corresponding scope - Joint Focal Point authority - A signature of an author communication related to the corresponding scope of authoric scope of authoric related to the corresponding scope of authoric scope of scope of authoric scope of sco	ity. norized signatory of <u>ANY of the e</u> pe of authority. rized signatory of <u>ALL entities lis</u>	entities lis	sted below	<u>is</u>		
Name of the entity: MK-Fintel Wind AD						
This entity is nominated as focal point for:		Sole	Shared	Joint		
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	e with the CDM EB on			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: Giovannetti	Telephone:					
First name: Tiziano	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):						
Last name:	Telephone:					
First name:	Fax:					
Email:	Address:					
Specimen signature:						

Name of the entity: Energy Changes Projektentwicklung GmbH							
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 (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. (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			
				X			
				X			
Contact details (primary authorized signatory):	Mr.			ı			
Last name: Ploechl	Telephone:						
First name: Clemens	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Name of the entity: Plus Ultra Asset Management GmbH							
1							
1		Sole	Shared	Joint			
Plus Ultra Asset Management GmbH	te with the CDM EB on	Sole	Shared	Joint X			
Plus Ultra Asset Management GmbH This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communica	nnts and/or to communicate of project participant	Sole	Shared				
Plus Ultra Asset Management GmbH This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communica allocation/forwarding of CERs (b) Authority to request the addition of project participant any voluntary withdrawal and to update contact details	ants and/or to communicate of project participant ddresses etc.	Sole	Shared	X			
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