



Modalities of Communication Statement (Version 03.0)

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| Date of submission: | | 05/07/2017 | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | |
| Title of the project/programme of activities: | | CECIC HKE Zhangbei Lvnaobao Wind Power Project | |
| Project/programme of activities reference number: <i>(if available)</i> | | 3399 | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | |
| <p>Notes:</p> <ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. | | | |
| Name of entity: ACT Commodities B.V. | | | |
| Address: Gustav Mahlerlaan 1009 1082 MK Amsterdam Netherlands | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared |
| (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 | | | |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | | | |
| Contact details (primary authorized signatory): | | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | |
| Last name: Janssen | | Telephone 1: | |
| First name: Jaap | | 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: CECIC HKE Wind Power Co., Ltd. | | | |
| Address: 12F, A Building Jieneng Mansion, No.42 Xizhimen North Street, Haidian District 100082 Beijing China | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared |
| (a) Communicate in relation to requests for forwarding of CER | | | |

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|--|--|--|--|--|
| (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. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | | | |
| Last name: Chen | Telephone 1: | | | |
| First name: Dongjuan | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | | Date (dd/mm/yyyy): | | |
| Contact details (alternate authorized signatory): | | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | | |
| Last name: Lv | Telephone 1: | | | |
| First name: Xin | 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 | | | |