

Modalities of Communication Form

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

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Date of submission		11/04/2012					
Section 1: Project Details							
1. Title of the CDM project activity	Devoll Hydropower (DHP), Al	bania					
2. Please state project ID Number if available	5577						
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 authorize communication related to the corresponding scope of authority - Shared Focal Point authority - A signature of an authorized for communication related to the corresponding scope • Joint Focal Point authority - A signature of an authorice communication related to the corresponding scope of authority - A signature of an authorized related to the corresponding scope of authority - A signature of an authorized related to the corresponding scope of authority - A signature of an authorized related to the corresponding scope of authority - A signature of an authorized related to the corresponding scope of authorized related related to the corresponding scope of authorized related relate	ty. orized signatory of <u>ANY of the e</u> oe of authority. ized signatory of <u>ALL entities lis</u>	entities list	ed below	<u>is</u>			
Name of the entity: Devoll Hydropower Sh.A. (DHP)							
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: Niederwolfsgruber	Telephone:						
First name: Mario	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: By	Telephone:						
First name: Ola	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: EVN AG						
This entity is nominated as focal point for:	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: Layr	Telephone:					
First name: Peter	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):	Mr.					
Last name: Aumuller	Telephone:					
First name: Adolf	Fax:					
Email:	Address:					
Name of the entity: Statkraft AS						
·		Sole	Shared	Joint		
Statkraft AS	e with the CDM EB on	Sole	Shared	Joint X		
Statkraft AS This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicat	nts and/or to communicate of project participant	Sole	Shared			
Statkraft AS This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicat allocation/forwarding of CERs (b) Authority to request the addition of project participa any voluntary withdrawal and to update contact details of the secretarian and t	nts and/or to communicate of project participant ldresses etc. matters related to	Sole				
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