

## **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		24/02/2012					
Section 1: Project Details							
1. Title of the CDM project activity	Yicheng Biomass Cogeneration Project in Hubei Province, China						
2. Please state project ID Number if available	3089						
Section 2: Nomination of Focal Point							
3. Details of the entity/ies nominated as focal point							
<ul> <li>Notes:</li> <li>Sole Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authori</li> <li>Shared Focal Point authority - A signature of an auth required for communication related to the corresponding scope of authori communication with the secretariat and communicate and (c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project</li> </ul>	ty. orized signatory of <u>ANY of the e</u> of authority. ized signatory of <u>ALL entities lis</u> ty. with the CDM EB on ats and/or to communicate f project participant dresses etc. matters related to	entities lis	ted below	is			
Contact details (primary authorized signatory):	Mr.						
Last name: Langendorf	Telephone:						
First name: Peter	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Schmidt	Telephone:						
First name: Ralf	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: Anneng (Yicheng) Biomass Thermo-Electricity 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							
(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			
Contact details (primary authorized signatory):	Mr.		· · · · · ·				
Last name: Cheng	Telephone:						
First name: Xiaodong	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							