



Modalities of Communication Statement (Version 03.0)

Date of submission:	21/12/2020												
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS													
Title of the project/programme of activities:	Cabo Leones Wind Farm												
Project/programme of activities reference number: (if available)	9741												
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES													
Notes: • 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: ALLCOT COLOMBIA S.A.S													
Address: Av. Cra 45 #100-12 Oficina 401. Bogotá Colombia													
This entity is nominated as a focal point with the authority to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Sole</th> <th style="width: 15%;">Shared</th> <th style="width: 15%;">Joint</th> </tr> </thead> <tbody> <tr> <td>(a) Communicate in relation to requests for forwarding of CER</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(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</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Sole	Shared	Joint	(a) Communicate in relation to requests for forwarding of CER	X	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	X	X	(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	X	X
Sole	Shared	Joint											
(a) Communicate in relation to requests for forwarding of CER	X	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	X	X											
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	X	X											
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐												
Last name: Leroy	Telephone 1:												
First name: Alexis	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐												
Last name: Neuvonen	Telephone 1:												
First name: Tommi	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: Ibereólica Cabo Leones I S.A.													

Address: Av. El Bosque Norte 0123, Oficina 502, Las Condes. Santiago Chile			
This entity is nominated as a focal point with the authority to:	Sole	Shared	Joint
(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			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. ☒ Ms. ☐		
Last name: Lopez-Tola	Telephone 1:		
First name: Victor Manuel	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		