

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 22/08/20 |)12 | | | |
|--|------------------------------|----------|------------|-------|--|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | | |
| Title of the project/programme of activities: | Jilin Tongyu Xinglongshan 2C | Wind Pov | wer Projec | t | | |
| Project/programme of activities reference number: (if available) | 6343 | | | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | | | |
| Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. | | | | | | |
| Name of entity: EDF Trading Limited | | | | | | |
| Address: 80, Victoria Street, Cardinal Place, 3rd Floor, SW1E5JL London United Kingdom of Great Britain and Northern Ireland | | | | | | |
| This entity is nominated as a focal point with the authorit | ty 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: Joubert | Telephone 1: | | | | | |
| First name: François | 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: Tongyu Xinfa Wind Power Co., Ltd. | | | | | | |
| Address: Floor 7,Tower C, International Investment Building, No. 6-9 Fuchengmen North Street, 100034 Beijing China | | | | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared | Joint | | |
| (a) Communicate in relation to requests for forwarding o | f CER | | | X | | |

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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.⊠ Ms.□ | | | |
| Last name: Huang | Telephone 1: | | | |
| First name: Qun | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms.□ | | | |
| Last name: Wang | Telephone 1: | | | |
| First name: Yao | 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 | | | |