

Modalities of Communication Statement (Version 03.0)

Date of submission:		07/06/2013		
SECTION 1: CDM PROJECT/PRO	GRAMME OF ACTIVITIES	5 DETAI	LS	
Title of the project/programme of activities:	Chiripa Wind Project	_		
Project/programme of activities reference number: <i>(if available)</i>	8431			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES				
Notes: • <u>Sole</u> Focal Point authority - An authorized signator communication related to the corresponding scope of auth • <u>Shared</u> Focal Point authority - An authorized signatorie communication related to the corresponding scope of auth • <u>Joint</u> Focal Point authority - Authorized signatorie communication related to the corresponding scope of auth Name of entity: Consorcio Eolico Chiripa S.A.	ority. atory <u>ANY of the entities listed be</u> ority. s of <u>ALL entities listed below are</u>	low is req	uired to sig	
Address: Oficentro Ejecutivo La Sabana, Edificio 6, Primer Piso, Sa Costa Rica	abana Sur, San Jose,			
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 an project participants and focal points, as well as change 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: Medina Sanchez	Telephone 1:			
First name: Eduardo	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			