

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 22/07/2 | 2022 | | | | | |
|--|-------------------------------|---------|--------|-------|--|--|--|--|
| SECTION 1: CDM PROJECT/PRO | OGRAMME OF ACTIVITIES | S DETAI | ILS | | | | | |
| Title of the project/programme of activities: | El Laurel Solar Power Project | , Chile | | | | | | |
| Project/programme of activities reference number: | 10709 | | | | | | | |
| (if available) | | | | | | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | | | | | |
| Notes: <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. <u>Mame of entity:</u> | | | | | | | | |
| Korea Southern Power Co., Ltd. | | | | | | | | |
| Address: 32F BIFC B/D, 40 Munhyeongeumyung-ro, Nam-gu, 48400 Busan Republic of Korea | | | | | | | | |
| This entity is nominated as a focal point with the auth | ority 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: Oh | Telephone 1: | | | | | | | |
| First name: Keunsik | Telephone 2 (optional): | | | | | | | |
| Email: | Fax (optional): | | | | | | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | | | | | |
| Contact details (alternate authorized signatory): | Mr. 🛛 Ms. | | | | | | | |
| Last name: Choi | Telephone 1: | | | | | | | |
| First name: Changhyeok | 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? | No | | | | | | | |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | | | | | | | | |

| Name of entity: Laurel SpA | | | | |
|---|---|------|----------|-------|
| Address: Community of El Monte, Talagante, Metropolitana Region of Santiago, Chile | | | | |
| This entity is nominated as a focal point with the author | his entity is nominated as a focal point with the authority to: Sole Sh | | 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: Kim | Telephone 1: | | | |
| First name: Younghwan | 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: S-Energy Co., Ltd. | | | | |
| Address: 3F MiraeAsset Tower, 20 Pangyoyeok-ro 241beongil, Bundang-gu, Seongnam-si, Gyeonggi-do, Republic of Korea | | | | |
| This entity is nominated as a focal point with the author | ity 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. | | <u> </u> | |
| Last name: Lee | Telephone 1: | | | |
| First name: Daesung | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | |

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| Is this entity changing its name? | No | | | | | |
|---|-------------------------|------|--------|-------|--|--|
| Former entity name, if applicable: | | | | | | |
| Is this entity also a project participant? | No | | | | | |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | | | | | | |
| Name of entity: Sprott Chile Solar I LLC | | | | | | |
| Address: 45F FKI Tower, 24 Yeoui-daero, 07320 Seoul Republic of Korea | | | | | | |
| 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. 🗌 | 1 | | | | |
| Last name: Chung | Telephone 1: | | | | | |
| First name: Byounggwon | 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? | No | | | | | |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | | | | | | |