

Modalities of Communication Form

This form is to be used by project participants in order to sub	omit the statement of Modalities	of Commu	nication.	
Date of submission		22/02/2012		
Section 1: Pr	oject Details			
1. Title of the CDM project activity	Hunan Taoyuan Huirenxi Hyd	ropower P	roject	
2. Please state project ID Number if available	2118			
Section 2: Nomina	tion of Focal Point			
3. Details of the entity/ies nominated as focal point				
Notes: • <u>Sole</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - A signature of an authority required for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an authority communication related to the corresponding scope of authority Name of the entity:	ty. orized signatory of <u>ANY of the c</u> of authority. ized signatory of <u>ALL entities li</u>	entities lis	ted below	is
KfW Bankengruppe				
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		X		
(b) Authority to request the addition of project participar any voluntary withdrawal and to update contact details o (includes changes in company's name and legal status, ad	f project participant			X
(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):	Ms.	1		
Last name: Sittler	Telephone:			
First name: Karin	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Durth	Telephone:			
First name: Rainer	Fax:			
Email:	Address:			
Specimen signature:				

This entity is nominated as focal point for:		Sole	Shared	Join
(a) Authority to instruct the secretariat and commun allocation/forwarding of CERs	icate with the CDM EB on			
(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.				X
(c) Communication with the secretariat and CDM EF registration and/or issuance. Select this scope if the er communication related to the project				
Contact details (primary authorized signatory):	Mr.	I		
Last name: Fu	Telephone:			
First name: Dongxing	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
	Fax:			
First name:				