

## **Modalities of Communication Form**

| This form is to be used by project participants in order to submit the statement of Modalities of Communication.   |  |              |            |       |  |  |  |  |
|--|--|--------------|------------|-------|--|--|--|--|
| Date of submission   |  | 25/04/2012   |            |       |  |  |  |  |
| Section 1: Project Details   |  |              |            |       |  |  |  |  |
| 1. Title of the CDM project activity   | Suoi Sap 3 Hydro Power Projec  | ct in Son I  | La Provinc | e     |  |  |  |  |
| 2. Please state project ID Number if available   | 3530   |              |            |       |  |  |  |  |
| Section 2: Nomina  | tion of Focal Point  |              |            |       |  |  |  |  |
| 3. Details of the entity/ies nominated as focal point  |  |              |            |       |  |  |  |  |
| Notes:<br>• <u>Sole</u> Focal Point authority - A signature of an authoriz<br>communication related to the corresponding scope of authori<br>• <u>Shared</u> Focal Point authority - A signature of an author<br>required for communication related to the corresponding scope<br>• <u>Joint</u> Focal Point authority - A signature of an author<br>communication related to the corresponding scope of authori<br>Name of the entity:<br>EDF Trading Limited | ty.<br>orized signatory of <u>ANY of the e</u><br>of authority.<br>ized signatory of <u>ALL entities lis</u> | entities lis | ed below   | is    |  |  |  |  |
| This entity is nominated as focal point for:   |  | Sole         | Shared     | Joint |  |  |  |  |
| (a) Authority to instruct the secretariat and communicate with the CDM EB on<br>allocation/forwarding of CERs  |  | X            | Shareu     | JUIII |  |  |  |  |
| (b) Authority to request the addition of project participar<br>any voluntary withdrawal and to update contact details o<br>(includes changes in company's name and legal status, ad  | f project participant  |              |            | X     |  |  |  |  |
| (c) Communication with the secretariat and CDM EB on<br>registration and/or issuance. Select this scope if the entity<br>communication related to the project  |  |              |            | X     |  |  |  |  |
| Contact details (primary authorized signatory):  | Mr.  |              | Į          |       |  |  |  |  |
| Last name: Joubert   | Telephone:   |              |            |       |  |  |  |  |
| First name: Francois   | Fax:   |              |            |       |  |  |  |  |
| Email:   | Address:   |              |            |       |  |  |  |  |
| Specimen signature:  |  |              |            |       |  |  |  |  |
| Contact details (alternate authorized signatory):  | Mr.  |              |            |       |  |  |  |  |
| Last name: Stott   | Telephone:   |              |            |       |  |  |  |  |
| First name: Adrian   | 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<br>any voluntary withdrawal and to update contact details of project participant<br>(includes changes in company's name and legal status, addresses etc. |                          |      |        | X    |
| (c) Communication with the secretariat and CDM EI<br>registration and/or issuance. Select this scope if the e<br>communication related to the project  |                          |      |        | X    |
| Contact details (primary authorized signatory):  | Mr.                      |      |        |      |
| Last name: Luong   | Telephone:               |      |        |      |
| First name: Le Dinh  | Fax:                     |      |        |      |
| Email:   | Address:                 |      |        |      |
|  | riddi 055.               |      |        |      |
| Specimen signature:  |                          |      |        |      |
|  | Mr.                      |      |        |      |
| Specimen signature:  |                          |      |        |      |
| Specimen signature:<br>Contact details (alternate authorized signatory):   | Mr.                      |      |        |      |