

Modalities of Communication Statement (Version 03.0)

		20/11/20	110		
Date of submission:		20/11/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Los Cocos Wind Farm Project				
Project/programme of activities reference number: (if available)	7093				
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: Empresa Generadora de Electricidad HAINA (EGE HAINA)					
Address: Av.Winston Churchill,No.1099,19th Floor, Acropolis Centre,Citigroup Tower,Santo Domingo, National District 10148 Dominican Republic					
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.□				
Last name: Santos	Telephone 1:				
First name: Cesar	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: MGM Innova Consulting,LLC					
Address: 501 Brickell Key Dr., Suite 509, Miami, 33131 Florida United States of America					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of CFR				V	

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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			
(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: Iannariello	Telephone 1:		
First name: Maria Pia	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature: Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □		
Last name: Nicastro	Telephone 1:		
First name: Alfredo	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?			