Modalities of Communication Statement  
(Version 03.0)

Date of submission: 17/09/2014

**SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS**

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Huaneng Yangjiang Xinzhou Wind Power Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>6429</td>
</tr>
</tbody>
</table>

**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:**
Gazprom Marketing & Trading Limited

**Address:**
20 Triton Street
NW13BF London
United Kingdom of Great Britain and Northern Ireland

This entity is nominated as a focal point with the authority to:

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**
Mr. Elmgren
Telephone 1:
First name: Julia
Telephone 2 (optional):
Email:
Fax (optional):
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. Stacey
Telephone 1:
First name: Shaun
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? No

**Name of entity:**
Huaneng Yangjiang Wind Power Co., Ltd.
Address:
Floor 10 and 11, Huaneng Building, No.23 A, Fuxing Road
100036 Beijing
China

<table>
<thead>
<tr>
<th>This entity is nominated as a focal point with the authority to:</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Communicate in relation to requests for forwarding of CER</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Contact details (primary authorized signatory): Mr. [X] Ms. [ ]

Last name: Liu
First name: Ruixuan
Email: 
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