

Modalities of Communication Statement (Version 03.0)

Date of submission:		01/11/2012					
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	Huade Daditaihong 49.5MW Wind Power Project						
Project/programme of activities reference number: <i>(if available)</i>	2853						
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. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. • Mame of entity: Voestalpine AG Address: Stahlstrasse 21,							
4020 Linz Austria This entity is nominated as a focal point with the authorit	v to	Sole	Shared	Joint			
			Shareu	Juint			
(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.	Į					
Last name: Huemer	Telephone 1:						
First name: Gerold	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature:	Date (dd/mm/yyyy):						
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.						
Last name: Steinhaeusler	Telephone 1:						
First name: Markus	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature:	Date (dd/mm/yyyy):						
Is this entity changing its name?	No						
Former entity name, if applicable:	1						
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: Huade County Daditaihong Wind Power Co., Ltd	·						

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Address: No. 4, Floor 4 Electric Training Centre, Huade County, Ulan Qab City, Inner Mongolia China					
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					
(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.	<u> </u>			
Last name: Zheng	Telephone 1:				
First name: Wei	Telephone 2 (optional):				
Email:	ax (optional):				
Specimen signature: Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.				
Last name: Wang	Telephone 1:				
First name: Futing	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				