

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 | | 01/02/2011 | | |
| Section 1: Project Details | | | | |
| 1. Title of the CDM project activity | Eurus Wind Farm | | | |
| 2. Please state project ID Number if available | 0728 | | | |
| Section 2: Nomination of Focal Point | | | | |
| 3. Details of the entity/ies nominated as focal point | | | | |
| Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. | | | | |
| Name of the entity: CEMEX International Finance Company | | | | |
| 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 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 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): | Mr. | | | |
| Last name: Garza Ramos | Telephone: | | | |
| First name: Adolfo | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |
| Contact details (alternate authorized signatory): | | | | |
| Last name: | Telephone: | | | |
| First name: | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |