| 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 |  | 17/02/2011 |  |  |
| Section 1: Project Details |  |  |  |  |
| 1. Title of the CDM project activity | Guangzhou Xingfeng Landfill Gas Recovery and Electricity Generation CDM Project |  |  |  |
| 2. Please state project ID Number if available | 1075 |  |  |  |
| Section 2: Nomination of Focal Point |  |  |  |  |
| 3. Details of the entity/ies nominated as focal point |  |  |  |  |
| Notes: <br> 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. <br> 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. <br> 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: <br> Foreign Economic Cooperation Office of Ministry of Environmental Protection of China |  |  |  |  |
| 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: xiao | Telephone: |  |  |  |
| First name: Xuezhi | Fax: |  |  |  |
| Email: | Address: |  |  |  |
| Specimen signature: |  |  |  |  |
| Contact details (alternate authorized signatory): | Mr. |  |  |  |
| Last name: Yang | Telephone: |  |  |  |
| First name: Lirong | Fax: |  |  |  |
| Email: | Address: |  |  |  |
| Specimen signature: |  |  |  |  |

