

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 12/07/2012 **Section 1: Project Details** 1. Title of the CDM project activity Zagunao River Gucheng Hydropower Project in Sichuan Province 2. Please state project ID Number if available 5820

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:

| This entity is nominated as focal point for: | s entity is nominated as focal point for: | | Shared | Joint X | |
|---|--|---|--------|---------|--|
| (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs | | X | | | |
| any voluntary withdrawal and to update contact deta | to request the addition of project participants and/or to communicate y withdrawal and to update contact details of project participant inges in company's name and legal status, addresses etc. | | | | |
| (c) Communication with the secretariat and CDM EF registration and/or issuance. Select this scope if the ercommunication related to the project | | | | X | |
| Contact details (primary authorized signatory): | Mr. | | | | |
| Last name: Fransen | Telephone: | | | | |
| First name: David | Fax: | | | | |
| Email: | Address: | | | | |
| Specimen signature: | | | | | |
| Contact details (alternate authorized signatory): | Mr. | | | | |
| | Telephone: | | | | |
| Last name: Doucakis | | | | | |
| East name: Doucakis First name: Nikolas | Fax: | | | | |

| Name of the entity: Sichuan Huadian Zagunao Hydropower Development Co., Ltd. | | | | | | | | |
|--|------------|------|--------|-------|--|--|--|--|
| 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 | | | | | | | | |
| (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: Li | Telephone: | | | | | | | |
| First name: Lei | Fax: | | | | | | | |
| Email: | Address: | | | | | | | |
| Specimen signature: | | | | | | | | |
| Contact details (alternate authorized signatory): | | | | | | | | |
| Last name: | Telephone: | | | | | | | |
| First name: | Fax: | | | | | | | |
| Email: | Address: | | | | | | | |
| Specimen signature: | | | | | | | | |