Modalities of Communication Statement (Version 03.0)

Date of submission: 11/10/2012

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Guangxi Jingxi County Yuexu Hydropower Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>2904</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:
Green Hercules Trading Limited

Address:
C/o Cargill Plc, Kings House, 36-37 Kings Street
EC2V 8BB London
United Kingdom of Great Britain and Northern Ireland

<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. Michael Dwyer
Telephone 1:
First name: Michael
Email:
Specimen signature: Date (dd/mm/yyyy):
Fax (optional):  

Contact details (alternate authorized signatory):
Mr. Nitin Tanwar
Telephone 1:
First name: Nitin
Email:
Specimen signature: Date (dd/mm/yyyy):
Fax (optional):  

Is this entity changing its name?  No

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