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: 18/06/2012

Section 1: Project Details

1. Title of the CDM project activity: Guangxi Tianlin County Weimi Hydropower Station
2. Please state project ID Number if available: 3807

Section 2: Nomination of Focal Point

3. Details of the entity/ies nominated as focal point

<table>
<thead>
<tr>
<th>Notes:</th>
<th>Sole Focal Point authority</th>
<th>Shared Focal Point authority</th>
<th>Joint Focal Point authority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A signature of an authorized signatory of <strong>ONLY</strong> the entity listed below is required for communication related to the corresponding scope of authority.</td>
<td>A signature of an authorized signatory of <strong>ANY</strong> of the entities listed below is required for communication related to the corresponding scope of authority.</td>
<td>A signature of an authorized signatory of <strong>ALL</strong> entities listed below are required for communication related to the corresponding scope of authority.</td>
</tr>
</tbody>
</table>

Name of the entity: South Pole Carbon Asset Management Ltd.

This entity is nominated as focal point for:

<table>
<thead>
<tr>
<th>Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) 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.)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Contact details (primary authorized signatory):

- Last name: Heuberger
- First name: Renat
- Email:
- Contact details (primary authorized signatory):

Specimen signature:

Contact details (alternate authorized signatory):

- Last name: Grobbel
- First name: Christoph
- Email:
- Contact details (alternate authorized signatory):

Specimen signature: