

## **Modalities of Communication Form**

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

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Date of submission		29/03/2012			
Section 1: Project Details					
1. Title of the CDM project activity	Diaobingshan Wind Power Project				
2. Please state project ID Number if available	5472				
Section 2: Nomina	tion 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: Vitol S.A.					
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: Fransen	Telephone:				
First name: David	Fax:				
Email:	Address:				
Specimen signature:					
Contact details (alternate authorized signatory):	Mr.				
Last name: Doucakis	Telephone:				
First name: Nikolas	Fax:				
Email:	Address:				
Specimen signature:					

Name of the entity: Guodian Hefeng Wind Power 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				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):	Ms.						
Last name: Sun	Telephone:						
First name: Liting	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							