Modalities of Communication Statement (Version 03.0)

Date of submission:	08/03/2013

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Dong Chum 2 Hydro Power Project
Project/programme of activities reference number: *(if available)*	6682

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:
Perenia Pty Ltd

Address:
PO Box 627, North Sydney, NSW 2059,
Australia

This entity is nominated as a focal point with the authority to:	**Sole**	**Shared**	**Joint**
(a) Communicate in relation to requests for forwarding of CER	**X**		
(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			**X**
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			**X**

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Wiener	Telephone 1:
First name: Michael	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Andrew	Telephone 1:
First name: Jauncey	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Is this entity changing its name?	**No**
Former entity name, if applicable:	
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**

Name of entity:
Hoang Son Joint-stock Investment Power - Construction Trade Company

Address: Group 1, Tan Thinh Ward, Hoa Binh City, Hoa Binh Province, Viet Nam			
This entity is nominated as a focal point with the authority to:	**Sole**	**Shared**	**Joint**
(a) Communicate in relation to requests for forwarding of CER			
(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			**X**
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			**X**

Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Nguyen	Telephone 1:
First name: Nam Chung	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Trinh	Telephone 1:
First name: Thi Thom	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Is this entity changing its name?	**No**
Former entity name, if applicable:	
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**

Name of entity: EVN Finance Joint Stock Company			
Address: Level 6-7, No. 434 Tran Khat Chan Street, Pho Hue Ward, Hai Ba Trung District, Hanoi, Viet Nam			
This entity is nominated as a focal point with the authority to:	**Sole**	**Shared**	**Joint**
(a) Communicate in relation to requests for forwarding of CER			
(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			**X**
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			**X**

Contact details (primary authorized signatory):	Mr. ☐ Ms. ☒
Last name: Cao	Telephone 1:
First name: Thi Thu Ha	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒
Last name: Dang	Telephone 1:

First name: Thi Hong Hai	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Is this entity changing its name?	**No**
Former entity name, if applicable:	
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**