

## Modalities of Communication Statement (Version 03.0)

| Date of submission:   | 01/10/2013                                       |      |        |       |  |
|---|--|------|--------|-------|--|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |  |      |        |       |  |
| Title of the project/programme of activities:   | Suzhou Xiaoxian Xiehe Guanshan Wind Farm Project |      |        |       |  |
| Project/programme of activities reference number: (if available)  | 9278   |      |        |       |  |
| 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: |  |      |        |       |  |
| National Development and Reform Commission of the People's Republic of China  |  |      |        |       |  |
| Address: No. 38 South Yuetan Street 100824 Beijing China  |  |      |        |       |  |
| is 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: Sun  | Telephone 1:                                     |      |        |       |  |
| First name: Cuihua  | 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:<br>Xiaoxian Xiehe Wind Power Generation Co., Ltd.   |  |      |        |       |  |
| Address: 1603 Fuguang Plaza, No. 239 Tunxi Street, Hefei City Anhui Province China  |  |      |        |       |  |
| 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     |  |

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| (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 |                         |   |  |  |
|---|-------------------------|---|--|--|
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above   |                         |   |  |  |
| Contact details (primary authorized signatory):   | Mr. ⋈ Ms. □             | ' |  |  |
| Last name: Zhao   | Telephone 1:            |   |  |  |
| First name: Xiaogen   | Telephone 2 (optional): |   |  |  |
| Email:  | Fax (optional):         |   |  |  |
| Specimen signature: Date (dd/mm/yyyy):  |                         |   |  |  |
| Contact details (alternate authorized signatory):   | Mr. ⋈ Ms. □             |   |  |  |
| Last name: Du   | Telephone 1:            |   |  |  |
| First name: Shuyao  | 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                     |   |  |  |