

Modalities of Communication Statement (Version 03.0)

| | | | 20/04/2012 | | |
|---|---|------------|------------|-------|--|
| Date of submission: | | 29/04/2013 | | | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | |
| Title of the project/programme of activities: | Beijing Tianrun Yi County Liulonggou Wind Power Generation Project | | | | |
| Project/programme of activities reference number: <i>(if available)</i> | 8287 | | | | |
| 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 <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. | | | | | |
| Name of entity: Vitol S.A. | | | | | |
| Address: 28 Boulevard du Pont-d'Arve CH 1205 Geneva Switzerland | | | | | |
| 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: Fransen | Telephone 1: | | | | |
| First name: David | Telephone 2 (optional): | | | | |
| Email: | Fax (optional): | | | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | | |
| Contact details (alternate authorized signatory): | Mr. 🛛 Ms. 🗖 | | | | |
| Last name: Doucakis | Telephone 1: | | | | |
| First name: Nikolas | 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 | | | | |