



Modalities of Communication Statement (Version 03.0)

Date of submission:		23/01/2019	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Sichuan Xiaohe 48MW Hydropower Project	
Project/programme of activities reference number: (if available)		2990	
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> 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: Sichuan Dingneng Electricity Power Development Group Co., Ltd.			
Address: 26F, Shidaijinjiang Building, No.59, Xia'nan Street, Jinjiang District, Chengdu, Sichuan province China			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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: Liu		Telephone 1:	
First name: Cathy		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: ACT Financial Solutions B.V.			
Address: Gustav Mahlerlaan 1009 1082 MK Amsterdam Netherlands			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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				
(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: Di Credico	Telephone 1:			
First name: Federico	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		