

## Modalities of Communication Statement (Version 03.0)

		22/11/2012		
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAII	LS	
Title of the project/programme of activities:	Liaoning Longyuan Kangping Project	Shajintai V	Wind Pow	er
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	6926			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory of communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - An authorized signatory communication related to the corresponding scope of authori • <u>Joint</u> Focal Point authority - Authorized signatories of communication related to the corresponding scope of authori Name of entity:	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u>	ow is requ	ired to sig	
EDF Trading Limited				
Address: 80, Victoria Street, Cardinal Place, 3rd Floor, SW1E5JL London United Kingdom of Great Britain and Northern Ireland				
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding or	f CER			Х
(b) Communicate in relation to requests for addition and/ project participants and focal points, as well as changes to 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: Joubert	Telephone 1:			
First name: Francois	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: Longyuan Kangping Wind Power Co., Ltd.				
Address: Floor 7,Tower C, International Investment Building, No. 6-9 100034 Beijing China	Fuchengmen North Street,			
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

## CDM-MOC-FORM

		CDM-MOC	-FORM
(b) Communicate in relation to requests for addition a project participants and focal points, as well as change status, contact details and specimen signatures	•		X
(c) Communicate on all other project or programme r (a) or (b) above	elated matters not covered by	X	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.		1
Last name: Huang	Telephone 1:		
First name: Qun	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory): Last name: Wang	Mr. Ms. Telephone 1:		
First name: Yao	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	No		
	No		
Is this entity changing its name? Former entity name, if applicable: Is this entity also a project participant?	No Yes		