



Modalities of Communication Statement (Version 03.0)

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|--|--|---------------|--------------|
| Date of submission: | 01/12/2016 | | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | |
| Title of the project/programme of activities: | Inner Mongolia Erlianhaote Phase I Wind Farm Project | | |
| Project/programme of activities reference number: (if available) | 1662 | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | |
| <p>Notes:</p> <ul style="list-style-type: none"> · 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: Erlianhaote Changfeng Xiehe Wind Power Development Co., Ltd. | | | |
| Address: CWP Building, No.9 South Shoutu Road, Haidian District 100048 Beijing 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 | | |
| (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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | | |
| Last name: Du | Telephone 1: | | |
| First name: Shuyao | Telephone 2 (optional): | | |
| Email: | Fax (optional): | | |
| Specimen signature: | Date (dd/mm/yyyy): | | |
| Contact details (alternate authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | | |
| Last name: Zhu | Telephone 1: | | |
| First name: Judy | 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 | | |