

## **Modalities of Communication Form**

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

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|---|--------------------------------|------------|--------|-------|
| Date of submission  |                                | 25/05/2012 |        |       |
| Section 1: Project Details  |                                |            |        |       |
| 1. Title of the CDM project activity  | Oaxaca III Wind Energy Project |            |        |       |
| 2. Please state project ID Number if available  | 5676                           |            |        |       |
| Section 2: Nomination of Focal Point  |                                |            |        |       |
| 3. Details of the entity/ies nominated as focal point   |                                |            |        |       |
| Notes:  • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.  • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.  • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. |                                |            |        |       |
| Name of the entity:<br>CE Oaxaca Tres S. de R.L. de C.V   |                                |            |        |       |
| This entity is nominated as focal point for:  |                                | Sole       | Shared | Joint |
| (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs  |                                | X          |        |       |
| (b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.  |                                | X          |        |       |
| (c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project   |                                | X          |        |       |
| Contact details (primary authorized signatory):   | Mr.                            |            |        |       |
| Last name: Zarate Martin  | Telephone:                     |            |        |       |
| First name: Javier  | Fax:                           |            |        |       |
| Email:  | Address:                       |            |        |       |
| Specimen signature:   |                                |            |        |       |
| Contact details (alternate authorized signatory):   | Ms.                            |            |        |       |
| Last name: Garcia Mora  | Telephone:                     |            |        |       |
| First name: Magdalena   | Fax:                           |            |        |       |
| Email:  | Address:                       |            |        |       |
| Specimen signature:   |                                |            |        |       |