

Specimen signature:

## **Modalities of Communication Form**

This form is to be used by project participants in order to submit the statement of Modalities of Communication.							
Date of submission 21		21/05/2	21/05/2012				
Section 1: Project Details							
1. Title of the CDM project activity	Houpayan Hydropower Project in Qiubei County Yunnan Province, China						
2. Please state project ID Number if available	2859	2859					
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 authoromounication related to the corresponding scope of authoromounication related to the corresponding sco	ority.  thorized signatory of <u>ANY of the</u> cope of authority.  orized signatory of <u>ALL entities l</u>	entities lis	sted below	<u>is</u>			
Name of the entity: MGM Carbon Portfolio, S.a.r.l							
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):	Ms.		-				
Last name: Iannariello	Telephone:						
First name: Maria Pia	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Ms.						
Last name: Fazoli	Telephone:						
First name: Ana Cecilia	Fax:						
Email:	Address:						

Name of the entity: Qiubei County Qingshui River Basin Hydropower Development Co., Ltd.							
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							
(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.							
(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: Lu	Telephone:						
First name: Raoqi	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							