



## Modalities of Communication Form

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

|   |  |   |               |              |
|---|--|---|---------------|--------------|
| <b>Date of submission</b>   |  | 03/08/2010  |               |              |
| <b>Section 1: Project Details</b>   |  |   |               |              |
| <b>1. Title of the CDM project activity</b>   |  | Inner Mongolia Bayin'aobao 49.5MW Wind Farm Project (Phase I) |               |              |
| <b>2. Please state project ID Number if available</b>   |  | 1823  |               |              |
| <b>Section 2: Nomination of Focal Point</b>   |  |   |               |              |
| <b>3. Details of the entity/ies nominated as focal point</b>  |  |   |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul> |  |   |               |              |
| <b>Name of the entity:</b><br>MGM Carbon Portfolio S.a.r.l  |  |   |               |              |
| <b>This entity is nominated as focal point for:</b>   |  | <b>Sole</b>   | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |  | <b>X</b>  |               |              |
| <b>(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.</b>   |  | <b>X</b>  |               |              |
| <b>(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</b>  |  |   | <b>X</b>      |              |
| <b>Contact details (primary authorized signatory):</b>  |  | Ms.   |               |              |
| Last name: Iannariello  |  | Telephone:  |               |              |
| First name: María Pía   |  | Fax:  |               |              |
| Email:  |  | Address:  |               |              |
| Specimen signature:   |  |   |               |              |
| <b>Contact details (alternate authorized signatory):</b>  |  | Ms.   |               |              |
| Last name: Fazoli   |  | Telephone:  |               |              |
| First name: Ana Cecilia   |  | Fax:  |               |              |
| Email:  |  | Address:  |               |              |
| Specimen signature:   |  |   |               |              |

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| <b>Name of the entity:</b><br>Shanxi Zhangze Electric Power Co., Ltd  |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               |              |
| <b>(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.</b> |             |               |              |
| <b>(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</b>                                      |             | <b>X</b>      |              |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Miao   | Telephone:  |               |              |
| First name: Qi  | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  | Mr.         |               |              |
| Last name: Shi  | Telephone:  |               |              |
| First name: Chongqi   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |

  

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| <b>Name of the entity:</b><br>Morgan Stanley & Co. International plc  |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               |              |
| <b>(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.</b> |             |               |              |
| <b>(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</b>                                      |             | <b>X</b>      |              |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Rankin   | Telephone:  |               |              |
| First name: Charles   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  | Mr.         |               |              |
| Last name: Fraser   | Telephone:  |               |              |
| First name: Gordon  | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |