

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		21/10/2	2010		
Section 1:	Project Details				
1. Title of the CDM project activity		Conversion of existing open cycle gas turbine to combined cycle at Guaracachi power station, Santa Cruz, Bolivia			
2. Please state project ID Number if available	2761				
Section 2: Nom	nation of Focal Point				
3. Details of the entity/ies nominated as focal point					
Shared Focal Point authority - A signature of an a required for communication related to the corresponding some Joint Focal Point authority - A signature of an aut communication related to the corresponding scope of authority: Name of the entity: Corporación Andina de Fomento – CAF	scope of authority. horized signatory of ALL entities				
Corporación Andina de Fomento – CAF					
This entity is nominated as focal point for-		Sole	Shared	Joint	
This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicallocation/forwarding of CERs	rate with the CDM EB on	Sole	Shared	Joint X	
,	pants and/or to communicate s of project participant	Sole	Shared		
(a) Authority to instruct the secretariat and communic allocation/forwarding of CERs (b) Authority to request the addition of project particiany voluntary withdrawal and to update contact detail	pants and/or to communicate s of project participant addresses etc. on matters related to	Sole	Shared	X	
(a) Authority to instruct the secretariat and communicallocation/forwarding of CERs (b) Authority to request the addition of project particiany voluntary withdrawal and to update contact detai (includes changes in company's name and legal status, (c) Communication with the secretariat and CDM EB registration and/or issuance. Select this scope if the en	pants and/or to communicate s of project participant addresses etc. on matters related to	Sole	Shared	X	
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Contact details (alternate authorized signatory):Ms.Last name: SZAUERTelephone:First name: MARIA TERESAFax:Email:Address:

Address:

Specimen signature:

Specimen signature:

Email:

Kreditanstalt für Wiederaufbau, Frankfurt am Main – KfW				
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 particip any voluntary withdrawal and to update contact details (includes changes in company's name and legal status,	of project participant			X
(c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the enticommunication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: MULDER	Telephone:			
First name: KARIN	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: DURTH	Telephone:			
First name: RAINER	Fax:			
Email:	Address:			
Name of the entity: EMPRESA ELÉCTRICA GUARACACHI S.A.				
This entity is nominated as focal point for:				
inis chitty is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communica allocation/forwarding of CERs	ate with the CDM EB on	Sole	Shared	Joint
(a) Authority to instruct the secretariat and communica	ants and/or to communicate of project participant	Sole	Shared	Joint X
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(a) Authority to instruct the secretariat and communical allocation/forwarding of CERs (b) Authority to request the addition of project participany voluntary withdrawal and to update contact details (includes changes in company's name and legal status, and (c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the entity communication related to the project Contact details (primary authorized signatory): Last name: MERCADO SUAREZ First name: JERGES	ants and/or to communicate of project participant addresses etc. n matters related to ty is to be copied on all Mr. Telephone: Fax:	Sole	Shared	X
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This entity is nominated as focal point for:		Sole	Shared	Join
(a) Authority to instruct the secretariat and communicallocation/forwarding of CERs	icate with the CDM EB on			
(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
				X
Contact details (primary authorized signatory):	Ms.			1
Last name: SILVA MATURANA	Telephone:			
First name: CYNTHIA	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: SALINAS TORRICO	Telephone:			
First name: CARLOS HOMAR PIERINO	Fax:			
	Address:			