



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	21/10/2010		
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: Nomination of Focal Point			
3. Details of the entity/ies nominated as focal point			
<p>Notes:</p> <ul style="list-style-type: none"> · Sole Focal Point authority - 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. · Shared Focal Point authority - 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. · Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority. 			
Name of the entity: Corporación Andina de Fomento – CAF			
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: GOMEZ	Telephone:		
First name: MARY	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Ms.		
Last name: SZAUER	Telephone:		
First name: MARIA TERESA	Fax:		
Email:	Address:		
Specimen signature:			

Name of the entity: 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 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: 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:		
Specimen signature:			
Name of the entity: EMPRESA ELÉCTRICA GUARACACHI S.A.			
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.			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: MERCADO SUAREZ	Telephone:		
First name: JERGES	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):	Mr.		
Last name: PAZ CASTRO	Telephone:		
First name: EDUARDO	Fax:		
Email:	Address:		
Specimen signature:			

Name of the entity: VICEMINISTERIO DE MEDIO AMBIENTE, BIODIVERSIDAD, CAMBIOS CLIMÁTICOS Y DE GESTION Y DESARROLLO FORESTAL			
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.			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: 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:		
Email:	Address:		
Specimen signature:			