

## Modalities of Communication Statement (Version 03.0)

Date of submission:		18/10/20	112			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Baoshan Supahe Chaoyang Hydropower Station					
Project/programme of activities reference number: (if available)	2624					
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES				
Notes:  • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authority - Shared Focal Point authority - An authorized signato communication related to the corresponding scope of authority - Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories - Authorize	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u>	ow is requ	<u>iired</u> to sig			
Name of entity: Marubeni Corporation						
Address: 4-2 Ohtemachi, 1- Chome, Chiyoda-ku, 100-8088 Tokyo Japan						
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding of CER		X				
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				X		
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			X			
Contact details (primary authorized signatory):	Mr.⊠ Ms.□					
Last name: Tokuda	Telephone 1:					
First name: Koji	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. ⋈ Ms.					
Last name: Yoshida	Telephone 1:					
First name: Atsushi	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Is this entity changing its name?	No					
Former entity name, if applicable:	I					
Is this entity also a project participant?	Yes					
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes					
Name of entity: Yunnan Baoshan Supa River Hydropower Development Co.,	Ltd.					

Address: No. 13 Renmin Road, Yongchang County, Longyang District 678000 Baoshan City, Yunnan Province China	it,				
This entity is nominated as a focal point with the authoris	ty to:	Sole Shared Join		Joint	
(a) Communicate in relation to requests for forwarding of	f CER				
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				X	
Communicate on all other project or programme related matters not covered by or (b) above			X		
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □				
Last name: Huang	Telephone 1:				
First name: Ning	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ☑ Ms. □				
Last name: Wang	Telephone 1:				
First name: Fei	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Is this entity changing its name?	No				
Former entity name, if applicable:					
Is this entity also a project participant?	Yes				
If the entity is also a project participant, do the same	Yes				