

Modalities of Communication Statement (Version 03.0)

Date of submission:		21/11/2	013				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	Nam Toong Hydro Power Project						
Project/programme of activities reference number: <i>(if available)</i>	6837						
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES							
 Notes: <u>Sole</u> Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Shared</u> Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. <u>Joint</u> Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. Mame of entity: 							
Perenia Pty Ltd							
Address: PO Box 627,North Sydney,NSW 2059 Australia							
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: Wiener	Telephone 1:						
First name: Michael	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature: Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.						
Last name: Andrew	Telephone 1:						
First name: Jauncey	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 signatories represent it in its project participant role?	Yes						
Name of entity: Sapa Hydroelectricity Power Company Limited							

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Shared Joint

Shared Joint

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Address: 9, Ho Xuan Huong Street, Pho Moi Ward,Lao Cai City, I Viet Nam	Lao Cai Province		
This entity is nominated as a focal point with the auth	ority to:		
(a) Communicate in relation to requests for forwardin	ng of CER	_	
(b) Communicate in relation to requests for addition a project participants and focal points, as well as chang status, contact details and specimen signatures			
(c) Communicate on all other project or programme (a) or (b) above	related matters not covered by		
Contact details (primary authorized signatory):	Mr. 🛛 Ms.		
Last name: Cu	Telephone 1:		
First name: Manh Thuy	Telephone 2 (optional):	Telephone 2 (optional):	
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.		
Last name: Duong	Telephone 1:	Telephone 1:	
First name: Tung Lam	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	Yes	
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes		
Name of entity: EVN Finance Joint Stock Company	1		
Address: No 434, Tran Khat Chan Street,Level 6-7, Pho Hue Ward Viet Nam	d, Hai Ba,Trung District, Hanoi		
This entity is nominated as a focal point with the auth	•		

(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(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		X	
		X	
Contact details (primary authorized signatory):	Mr. 🗖 Ms. 🛛		
Last name: Cao	Telephone 1:		
First name: Thi Thu Ha	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. 🔲 Ms. 🛛		
Last name: Dang	Telephone 1:		

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First name: Thi Hong Hai	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 signatories represent it in its project participant role?	Yes			