**Modalities of Communication Statement**  
(Version 03.0)

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>12/02/2014</th>
</tr>
</thead>
</table>

**SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS**

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Guangdong Huizhou LNG Power Generation Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>1884</td>
</tr>
</tbody>
</table>

**SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES**

Notes:
- **Sole Focal Point authority** - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.

**Name of entity:**  
Guangdong Huizhou LNG Co., Ltd.

**Address:**  
Petrochemical Industrial Park of Daya Bay, Economic & Technology Development Zone.  
Huizhou, Guangdong, 516082, People's Republic of China  
516082 Huizhou  
China

This entity is nominated as a focal point with the authority to:

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(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</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**  
Mr. ☒ Ms. ☐

Last name: Huang  
Telephone 1:  
First name: Zhanxun  
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: Hui  
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