

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |                             | 23/10/2013 |         |       |
|--|-----------------------------|------------|---------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS   |                             |            |         |       |
| Title of the project/programme of activities:  | Heilongjiang Chemical N2O A | batement   | Project |       |
| Project/programme of activities reference number: (if available)   | 2314                        |            |         |       |
| 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:<br>Heilongjiang Chemical Group Co., Ltd.   |                             |            |         |       |
| Address: No.2 Xiangyang Dajie, Fularji District, Qiqihar, Heilongjiang Province 161041 Qiqihar China   |                             |            |         |       |
| 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. □                 | I.         |         |       |
| Last name: Shoucheng   | Telephone 1:                |            |         |       |
| First name: Yue  | 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                         |            |         |       |