Modalities of Communication Statement
(Version 03.0)

Date of submission:	09/09/2022

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Xinjiang Luneng Xiaocaohu Wind Farm Phase I 49.5MW Project
Project/programme of activities reference number: *(if available)*	7337

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:
Shandong Luneng Group Xinjiang New Energy Branch Company

Address:
Floor 12A, Wanguo Building, Xinhuan South Road No.160, Tianshan District, Urumqi City, Xinjiang Uygur Autonomous Region
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			
(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: Cao	Telephone 1:
First name: Dong	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:
ACT Financial Solutions B.V.

Address:
Strawinskylaan 3127
1077 ZX Amsterdam
Netherlands

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: Bastiaansen	Telephone 1:
First name: Bram	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Chardet	Telephone 1:
First name: Richard	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Is this entity changing its name?	**Yes**
Former entity name, if applicable: Amsterdam Capital Trading B.V.	
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**