

## 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 W Project	ind Farm	Phase I 49	0.5MW		
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						
his 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				

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(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		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□		ı	
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			