

## Modalities of Communication Statement (Version 03.0)

		12/02/20			
Date of submission:		13/03/20			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Sichuan Jiuzhaigou County Sh Project	unhe Hydi	copower S	tation	
Project/programme of activities reference number: (if available)	7364				
SECTION 2: NOMINATION O	F 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:  ACT Financial Solutions B.V.  Address:  Atrium Building 8th floor, Strawinskylaan 3127					
1077 ZX Amsterdam Netherlands					
This entity is nominated as a focal point with the authorit	y to:   Sole   Shared   Joint		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					
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above					
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):				
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: Sichuan Jiuzhaigou Huangpu Power Energy Company Ltd.					
Address: New district of Yongle Town, Jiuzhaigou county, Aba Prefecture 623400 China					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding o	f 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		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: Luo	Telephone 1:			
First name: Yourong	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □			
Last name: Jiang	Telephone 1:			
First name: Yin	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			