

Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.				
Date of submission		04/06/2012		
Section 1: Project Details				
1. Title of the CDM project activity Jinhanlazha hydropower station Yunnan Province, P.R.China		n (58MW) of Niru River,		
2. Please state project ID Number if available	5093			
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Mame of the entity: Vitol SA This entity is nominated as focal point for: Sole Shared Joint (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs X Image: Communicate and to update contact details of project participant (includes changes in company's name and legal status, addresses etc. X Image: Communication related to the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project				
Contact details (primary authorized signatory):	Mr.	1	II	
Last name: Fransen	Telephone:			
First name: David	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Doucakis	Telephone:			
First name: Nikolas	Fax:			
Email:	Address:			
Specimen signature:				