

Modalities of Communication Form

This form is to be used by project participants in order to sub	omit the statement of Modalities	of Commu	nication.			
Date of submission		02/05/2012				
Section 1: Pr	oject Details					
1. Title of the CDM project activity	Ningxia Qingshan Windpower Project	Guodian l	Phase II 49	9.5MW		
2. Please state project ID Number if available	5675					
Section 2: Nomina	tion of Focal Point					
3. Details of the entity/ies nominated as focal point						
Notes: • <u>Sole</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - A signature of an author required for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an author communication related to the corresponding scope of authori Name of the entity:	ty. orized signatory of <u>ANY of the c</u> pe of authority. ized signatory of <u>ALL entities lis</u>	entities list	ed below	<u>is</u>		
Arcadia Energy (Suisse) S.A.						
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		
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.				X		
(c) Communication with 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				X		
Contact details (primary authorized signatory):	Mr.					
Last name: Rittner	Telephone:					
First name: Frank	Fax:					
Email:	Address:					
Specimen signature:						
Contact details (alternate authorized signatory):						
Last name:	Telephone:					
First name:	Fax:					
Email:	Address:					
Specimen signature:						

This entity is nominated as focal point for:		Sole	Shared	Joint X X
 (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc. 				
Contact details (primary authorized signatory):	Mr.			
Last name: Liu	Telephone:			
First name: Xingming	Fax:			
Email:	Address:			
Curring an align atomat				
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
	Mr. Telephone:			
Contact details (alternate authorized signatory):				