

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 | | 22/03/2012 |
|---|-------------------------------------|--------------------------------|
| Section 1: P | roject Details | |
| 1. Title of the CDM project activity | Gansu Zhouqu Lijie Hydropow | ver Station Project |
| 2. Please state project ID Number if available | 3305 | |
| 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 authori | zed signatory of ONLY the entity | y listed below is required for |
| communication related to the corresponding scope of author | ity. | |
| · Shared Focal Point authority - A signature of an auth | norized signatory of ANY of the e | entities listed below is |
| required for communication related to the corresponding sco | pe of authority. | |
| · Joint Focal Point authority - A signature of an author | rized signatory of ALL entities lis | sted below are required for |

Name of the entity:

communication related to the corresponding scope of authority.

| This entity is nominated as focal point for: (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. (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 | | Sole | Shared | Joint |
|---|----------------|------|---|-------|
| | | X | | |
| | | | | |
| | | | Contact details (primary authorized signatory): | Mr. |
| Last name: Koltun | Telephone: | | | |
| First name: Robert | Fax: | | | |
| Email: | Address: | | | |
| | | | | |
| Specimen signature: | | | | |
| Specimen signature: Contact details (alternate authorized signatory): | Ms. | | | |
| | Ms. Telephone: | | | |
| Contact details (alternate authorized signatory): | | | | |