

Last name: Doucakis

First name: Nikolas

Specimen signature:

Email:

## **Modalities of Communication Form**

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

| J   |   | .,         |        |       |  |  |
|---|---|------------|--------|-------|--|--|
| Date of submission  |   | 07/05/2012 |        |       |  |  |
| Section 1: Project Details  |   |            |        |       |  |  |
| 1. Title of the CDM project activity  | Liaoning Tieling Taizishan Wind Power Project |            |        |       |  |  |
| 2. Please state project ID Number if available  | 5776  |            |        |       |  |  |
| 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. |   |            |        |       |  |  |
| Name of the entity:<br>Vitol 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: Fransen  | Telephone:                                    |            |        |       |  |  |
| First name: David   | Fax:  |            |        |       |  |  |
| Email:  | Address:                                      |            |        |       |  |  |
| Specimen signature:   |   |            |        |       |  |  |
| Contact details (alternate authorized signatory):   | Mr  |            |        |       |  |  |

Telephone:

Fax:

Address:

| Name of the entity: Guodian Hefeng Wind Power Development Co., Ltd.  |            |      |        |       |  |  |  |
|--|------------|------|--------|-------|--|--|--|
| 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):  | Ms.        |      |        |       |  |  |  |
| Last name: Sun   | Telephone: |      |        |       |  |  |  |
| First name: Liting   | Fax:       |      |        |       |  |  |  |
| Email:   | Address:   |      |        |       |  |  |  |
| Specimen signature:  |            |      |        |       |  |  |  |
| Contact details (alternate authorized signatory):  |            |      |        |       |  |  |  |
| Last name:   | Telephone: |      |        |       |  |  |  |
| First name:  | Fax:       |      |        |       |  |  |  |
| Email:   | Address:   |      |        |       |  |  |  |
| Specimen signature:  |            |      |        |       |  |  |  |