

Modalities of Communication Form

This form is to be used by project participants in order to su	bmit the statement of Modalities of	of Commu	nication.	
Date of submission		11/04/2012		
Section 1: P	roject Details			
1. Title of the CDM project activity	CLP Penglai Wind Power Phas	e I Projec	t	
2. Please state project ID Number if available	5664			
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 authoric communication related to the corresponding scope of authoric • <u>Shared</u> Focal Point authority - A signature of an authority required for communication related to the corresponding scope • <u>Joint</u> Focal Point authority - A signature of an authoric communication related to the corresponding scope of authority Norma of the ontity	ty. orized signatory of <u>ANY of the e</u> pe of authority. ized signatory of <u>ALL entities lis</u>	ntities list	ed below	is
Name of the entity: CLP (Penglai) Wind Power Limited				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	e with the CDM EB on			X
(b) Authority to request the addition of project participar any voluntary withdrawal and to update contact details of (includes changes in company's name and legal status, ad	f project participant			X
(c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project				X
Contact details (primary authorized signatory):	Mr.		Į	
Last name: Gong	Telephone:			
First name: Weimin	Fax:			
Email:	Address:			
Specimen signature:	, 			
Contact details (alternate authorized signatory):	Mr.			
Last name: Wu	Telephone:			
First name: Yuanzhong	Fax:			
Email:	Address:			
Specimen signature:				

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.		Sole	Shared	Join
				X X
Contact details (primary authorized signatory):	Ms.			
Last name: Sun	Telephone:			
First name: Cuihua	Fax:			
Email:	Address:			
Specimen signature: Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Email:	riddress.			