# 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 | 20/10/2011 |

## Section 1: Project Details

1. **Title of the CDM project activity**
   - Hubei Xiakou Hydropower Project of Nanzhang County, Xiangfan City, Hubei Province, P.R. China

2. **Please state project ID Number if available**
   - 1607

## Section 2: Nomination of 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.

<table>
<thead>
<tr>
<th>Name of the entity:</th>
<th>Arreon Carbon UK, Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This entity is nominated as focal point for:</td>
<td></td>
</tr>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td>X</td>
</tr>
<tr>
<td>(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.)</td>
<td>X</td>
</tr>
<tr>
<td>(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</td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**

- **Last name:** Shi
- **First name:** Zheng
- **Telephone:**
- **Fax:**
- **Email:**
- **Address:**
- **Specimen signature:**

**Contact details (alternate authorized signatory):**

- **Last name:** Zhang
- **First name:** Linghui
- **Telephone:**
- **Fax:**
- **Email:**
- **Address:**
- **Specimen signature:**