



Modalities of Communication Statement (Version 03.0)

Date of submission:	13/08/2021		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Guodian Shaanxi Jingbian Jishanliang 49.5MW Wind Farm Project		
Project/programme of activities reference number: (if available)	7409		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: · <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.			
Name of entity: Carbon Road Limited			
Address: Flat 5 Thorold House, Pepper Street, SE10EL, London SE10EL London United Kingdom of Great Britain and Northern Ireland			
This entity is nominated as a focal point with the authority to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER			X
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures			X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above			X
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Xu	Telephone 1:		
First name: Wenlin	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	No		
Former entity name, if applicable:			
Is this entity also a project participant?	Yes		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes		
Name of entity: ACT Financial Solutions B.V			
Address: Atrium Building, 8th floor Strawinskylaan 3127 1077ZX Amsterdam Netherlands 1077ZX Amsterdam Netherlands			
This entity is nominated as a focal point with the authority to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER			X

(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐		
Last name: Di Credico		Telephone 1:		
First name: Federico		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐		
Last name: Strikwerda		Telephone 1:		
First name: Haye		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Is this entity changing its name?		No		
Former entity name, if applicable:				
Is this entity also a project participant?		Yes		
If the entity is also a project participant, do the same signatories represent it in its project participant role?		Yes		
Name of entity: J-TEC Co.,Ltd.				
Address: Room 501, BARUMI Akasaka Building Akasaka 4-5-21, Minato-ku, Tokyo 107-0052, Japan 107-0052 Tokyo Japan				
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER				
(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				X
Contact details (primary authorized signatory):		Mr. ☐ Ms. ☒		
Last name: Ou		Telephone 1:		
First name: Yuanyang		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Is this entity changing its name?		No		
Former entity name, if applicable:				
Is this entity also a project participant?		Yes		
If the entity is also a project participant, do the same signatories represent it in its project participant role?		Yes		