

Modalities of Communication Form

| This form is to be used by project participants in order to sub | bmit the statement of Modalities of | of Commu | nication. | |
|---|---|--------------|-----------|-------|
| Date of submission | | 23/04/2012 | | |
| Section 1: Pr | oject Details | | | |
| 1. Title of the CDM project activity | Shandong Dongxing Wind Far | m Phase I | Project | |
| 2. Please state project ID Number if available | 5737 | | | |
| 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 authoriz communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - A signature of an auth <u>required</u> for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an author communication related to the corresponding scope of authori Name of the entity: | ty. orized signatory of <u>ANY of the e</u> pe of authority. ized signatory of <u>ALL entities lis</u> | entities lis | ed below | is |
| China Resources Wind Power (Weihai Huancui) 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 | | | | Х |
| (b) Authority to request the addition of project participar any voluntary withdrawal and to update contact details o (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. | | I | |
| Last name: Lin | Telephone: | | | |
| First name: Weiping | Fax: | | | |
| Email: | Address: | | | |
| Specimen signature: | | | | |
| Contact details (alternate authorized signatory): | | | | |
| Last name: | Telephone: | | | |
| First name: | 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 | Joint X X | | | | | |
|---|------------|------|--------|-----------------|---|-----|--|--|---|
| | | | | | (c) Communication with the secretariat and CDM El registration and/or issuance. Select this scope if the e communication related to the project | | | | 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: | | | | | | | | |
| East hume. | | | | | | | | | |
| First name: | Fax: | | | | | | | | |