

Form: ANNEX 2

Date of submission		19/08/2011
Section 1: Project Details		
1. Title of the CDM project activity	37.95 MW Wind power project in Bharmasagar, Karnataka by BPEIPL	
2. Please state reference number if available	3870	
Section 2: <u>Addition/change of name</u> of a project participant		
<input type="checkbox"/> Add project participant <input checked="" type="checkbox"/> Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.		
Name of the entity: Green Infra Wind Energy Limited		
Party (country that authorised participation): India		
Former name of project participant: Green Infra Wind Energy Private Limited		
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Jain	Telephone:	
First name: Sunil	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>	
Last name: Puri	Telephone:	
First name: Veena Vadini	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):		Date:
Name:		Signature:
Only one primary or alternate signatory per focal point entity is required.		
Section 4: Change of contact details (project participants or focal point entities)		

The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:

☐ Project Participant

☒ Focal Point

Name of the entity:

Green Infra Wind Energy Limited

Party (country that authorised participation):

India

Contact details (primary authorized signatory):

Mr. ☒ Ms. ☐

Last name: Jain

Telephone:

First name: Sunil

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Mr. ☐ Ms. ☒

Last name: Puri

Telephone:

First name: Veena Vadini

Fax:

Email:

Address:

Specimen signature:

Signature(s) of designated focal point for scope (b):

Date:

Name:

Signature:

Only one primary or alternate signatory per focal point entity is required.