



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

03/06/2009

Section 1: Project Details

1. Title of the CDM project activity

Shalivahana Non-Conventional Renewable Sources Biomass Power Project

2. Please state project ID Number if available

0591

Section 2: Nomination of Focal Point

3. Details of the entity/ies nominated as 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.

Name of the entity:

Shalivahana Green Energy Limited

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

X

(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.

X

(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

X

Contact details (primary authorized signatory):

Mr.

Last name: Komaraiah

Telephone:

First name: Malka

Fax:

Email:

Address:

Specimen signature:

Contact details (alternate authorized signatory):

Last name:

Telephone:

First name:

Fax:

Email:

Address:

Specimen signature: