

## Modalities of Communication Statement (Version 03.0)

Date of submission:		03/07/2	013		
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAI	LS		
Title of the project/programme of activities:	Distribution of Improved cook stove - Phase 13				
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	8808				
SECTION 2: NOMINATION C	F FOCAL POINT ENTITY	//IES			
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory communication related to the corresponding scope of author • <u>Shared</u> Focal Point authority - An authorized signator communication related to the corresponding scope of author • <u>Joint</u> Focal Point authority - Authorized signatories of communication related to the corresponding scope of author Name of entity: Vitol S.A. Address: D'Arve 28, CH 1205, Boulevard du Pont,	ity. ory <u>ANY of the entities listed bel</u> ity. of <u>ALL entities listed below are r</u>	ow is requ	<u>uired</u> to sig		
Geneva Switzerland					
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 project participants and focal points, as well as changes t status, contact details and specimen signatures				X	
(c) Communicate on all other project or programme rela (a) or (b) above	ted matters not covered by			X	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.				
Last name: Fransen	Telephone 1:				
First name: David	Telephone 2 (optional):	elephone 2 (optional):			
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. 🛛 Ms.				
Last name: Doucakis	Telephone 1:				
First name: Nikolas	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: M/s G K Energy Marketers Pvt. Ltd.					

Address:

Flat No.350, Building No.25, Ground Floor, Lokmanya Nagar, LBS Road, Pune, Maharashtra, 411030 India

<ul> <li>This entity is nominated as a focal point with the authority to:</li> <li>(a) Communicate in relation to requests for forwarding of CER</li> <li>(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</li> </ul>		Sole	Shared	Joint X X					
					(c) Communicate on all other project or programme r (a) or (b) above	related matters not covered by			X
					Contact details (primary authorized signatory):	Mr. 🛛 Ms. 🗌		II	
Last name: Kabra	Telephone 1:								
First name: Gopal	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								