



## Modalities of Communication Statement (Version 03.0)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                               |               |
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| <b>Date of submission:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 28/08/2012                                                                                    |               |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                               |               |
| <b>Title of the project/programme of activities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Destruction of HFC-23 at refrigerant (HCFC-22) manufacturing facility of Chemplast Sanmar Ltd |               |
| <b>Project/programme of activities reference number:</b><br><i>(if available)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 0499                                                                                          |               |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                               |               |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b><u>Sole Focal Point authority</u></b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b><u>Shared Focal Point authority</u></b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b><u>Joint Focal Point authority</u></b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> |  |                                                                                               |               |
| <b>Name of entity:</b><br>Chemplast Sanmar Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                               |               |
| <b>Address:</b><br>9 Cathedral Road<br>600086 Chennai<br>India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                               |               |
| <b>This entity is nominated as a focal point with the authority to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Sole</b>                                                                                   | <b>Shared</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               | <b>X</b>      |
| <b>(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</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                               | <b>X</b>      |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                               | <b>X</b>      |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                          |               |
| Last name: Krishnamoorthy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Telephone 1:                                                                                  |               |
| First name: N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Telephone 2 (optional):                                                                       |               |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Fax (optional):                                                                               |               |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Date (dd/mm/yyyy):                                                                            |               |
| Is this entity changing its name?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>No</b>                                                                                     |               |
| Former entity name, if applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                               |               |
| Is this entity also a project participant?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Yes</b>                                                                                    |               |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Yes</b>                                                                                    |               |
| <b>Name of entity:</b><br>J.P. Morgan Ventures Energy Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                               |               |
| <b>Address:</b><br>25 Bank Street, Canary Wharf,<br>E145JP London<br>United Kingdom of Great Britain and Northern Ireland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                               |               |
| <b>This entity is nominated as a focal point with the authority to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Sole</b>                                                                                   | <b>Shared</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                               | <b>X</b>      |

|                                                                                                                                                                                                                              |  |                                                                      |  |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------|--|----------|
| <b>(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</b> |  |                                                                      |  | <b>X</b> |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>                                                                                                                     |  |                                                                      |  | <b>X</b> |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                       |  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |  |          |
| Last name: Amic                                                                                                                                                                                                              |  | Telephone 1:                                                         |  |          |
| First name: Etienne                                                                                                                                                                                                          |  | Telephone 2 (optional):                                              |  |          |
| Email:                                                                                                                                                                                                                       |  | Fax (optional):                                                      |  |          |
| Specimen signature:                                                                                                                                                                                                          |  | Date (dd/mm/yyyy):                                                   |  |          |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                     |  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |  |          |
| Last name: Vanhaesendonck                                                                                                                                                                                                    |  | Telephone 1:                                                         |  |          |
| First name: Rene                                                                                                                                                                                                             |  | Telephone 2 (optional):                                              |  |          |
| Email:                                                                                                                                                                                                                       |  | Fax (optional):                                                      |  |          |
| Specimen signature:                                                                                                                                                                                                          |  | Date (dd/mm/yyyy):                                                   |  |          |
| Is this entity changing its name?                                                                                                                                                                                            |  | <b>No</b>                                                            |  |          |
| Former entity name, if applicable:                                                                                                                                                                                           |  |                                                                      |  |          |
| Is this entity also a project participant?                                                                                                                                                                                   |  | <b>Yes</b>                                                           |  |          |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?                                                                                                           |  | <b>Yes</b>                                                           |  |          |