



## Modalities of Communication Form

*This form is to be used by project participants in order to submit the statement of Modalities of Communication.*

|  |  |               |              |
|--|--|---------------|--------------|
| <b>Date of submission</b>  | 28/10/2011                                 |               |              |
| <b>Section 1: Project Details</b>  |  |               |              |
| <b>1. Title of the CDM project activity</b>  | Ajrapur Sugar Complex Cogeneration Project |               |              |
| <b>2. Please state project ID Number if available</b>  | 0332                                       |               |              |
| <b>Section 2: Nomination of Focal Point</b>  |  |               |              |
| <b>3. Details of the entity/ies nominated as focal point</b>   |  |               |              |
| Notes: <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.</li> </ul> |  |               |              |
| <b>Name of the entity:</b><br>M/s DCM Shriram Consolidated Ltd.  |  |               |              |
| <b>This entity is nominated as focal point for:</b>  | <b>Sole</b>                                | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>  |  |               | <b>X</b>     |
| <b>(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.</b>  | <b>X</b>                                   |               |              |
| <b>(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</b>   | <b>X</b>                                   |               |              |
| <b>Contact details (primary authorized signatory):</b>   | Mr.  |               |              |
| Last name: Radhakrishna  | Telephone:                                 |               |              |
| First name: Sunil Mohan  | Fax:                                       |               |              |
| Email:   | Address:                                   |               |              |
| Specimen signature:  |  |               |              |
| <b>Contact details (alternate authorized signatory):</b>   |  |               |              |
| Last name:   | Telephone:                                 |               |              |
| First name:  | Fax:                                       |               |              |
| Email:   | Address:                                   |               |              |
| Specimen signature:  |  |               |              |

|   |             |               |              |
|---|-------------|---------------|--------------|
| <b>Name of the entity:</b><br>Agrinergy Ltd.  |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               | <b>X</b>     |
| <b>(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.</b> |             |               |              |
| <b>(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</b>                                      |             |               |              |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Atkinson   | Telephone:  |               |              |
| First name: Ben   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  |             |               |              |
| Last name:  | Telephone:  |               |              |
| First name:   | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Name of the entity:</b><br>Kommunalkredit Public Consulting GmbH   |             |               |              |
| <b>This entity is nominated as focal point for:</b>   | <b>Sole</b> | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   |             |               | <b>X</b>     |
| <b>(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.</b> |             |               |              |
| <b>(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</b>                                      |             |               |              |
| <b>Contact details (primary authorized signatory):</b>  | Mr.         |               |              |
| Last name: Diernhofer   | Telephone:  |               |              |
| First name: Wolfgang  | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |
| <b>Contact details (alternate authorized signatory):</b>  | Ms.         |               |              |
| Last name: Haberl   | Telephone:  |               |              |
| First name: Birgit  | Fax:        |               |              |
| Email:  | Address:    |               |              |
| Specimen signature:   |             |               |              |