

Modalities of Communication Statement (Version 03.0)

Date of submission: 31/07/2013				
SECTION 1: CDM PROJECT/PROG	RAMME OF ACTIVITIES	DETAI	LS	
Title of the project/programme of activities:	Distribution of Improved cook	stove - Pl	nase 9	
Project/programme of activities reference number: (if available)	8769			
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES		
Notes: • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authorit • Shared Focal Point authority - An authorized signato communication related to the corresponding scope of authorit • Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authorit Name of entity: Vitol S.A.	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are r</u>	ow is requ	<u>iired</u> to sig	
Address: D'Arve 28, CH 1205, Boulevard du Pont, 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/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures				X
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				X
Contact details (primary authorized signatory):	Mr.⊠ Ms.□			
Last name: Fransen	Telephone 1:			
First name: David	Telephone 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:	I			
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 India	Nagar, LBS Road, Pune, Maharash	tra 41103	0	
This entity is nominated as a focal point with the authority to: (a) Communicate in relation to requests for forwarding of CER		Sole	Shared	Joint X
(c) Communicate on all other project or programme r (a) or (b) above	elated matters not covered by			X
Contact details (primary authorized signatory):	Mr. ☑ Ms. □	'		
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			