

## CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS                                     |                                                                                                                    |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                      | 3.0 MW Wind Power Project Activity by BVSR Constructions Private Limited                                           |
| <b>Project / programme of activities reference number:</b><br>(if available)               | 7161                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                          |                                                                                                                    |
| <b>Name of entity:</b><br>M/s BVSR Constructions Private Limited                           |                                                                                                                    |
| <b>Address:</b><br>5-8-51/1, Fathe Sultan Lane, Nampally, Hyderabad, Andhra Pradesh, India |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>India                                 |                                                                                                                    |
| <b>End-date of participation:</b>                                                          | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                     | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                                               |
| Last name: Reddy                                                                           | Telephone 1:                                                                                                       |
| First name: Srinivasul                                                                     | Telephone 2 (optional):                                                                                            |
| Email:                                                                                     | Fax (optional):                                                                                                    |
| Specimen signature:                                                                        | Date (dd/mm/yyyy):                                                                                                 |