

Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.							
Date of submission		04/07/2012					
Section 1: Project Details							
1. Title of the CDM project activity	Empee Distilleries 10 MW Woody Biomass-Based Power Project, Tamil Nadu						
2. Please state project ID Number if available	1548						
Section 2: Nomination of Focal Point							
3. Details of the entity/ies nominated as focal point							
Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority. • Mame of the entity: EcoSecurities Group Ple This entity is nominated as focal point for: Sole Shared Joint (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs Image: Communicate 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. X Image: Communication related to the project (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 X Image: Communication related to the project							
Contact details (primary authorized signatory):	Mr.						
Last name: Moura Costa	Telephone:						
First name: Pedro	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: EcoSecurities Carbon 1 Ltd				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				X
(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.				
(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				
Contact details (primary authorized signatory):	Mr.			
Last name: Byrne	Telephone:			
First name: Thomas	Fax:			
Email:	Address:			
Specimen signature:	1			
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				
Name of the entity:				
Cargill International SA				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs				X
(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.				
(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				
Contact details (primary authorized signatory):	Mr.	1		
Last name: Lelijveld	Telephone:			
First name: Daudi Wambua	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				