



Modalities of Communication Statement (Version 03.0)

Date of submission:	04/08/2014												
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS													
Title of the project/programme of activities:	India Wind Energy Programme of Activities												
Project/programme of activities reference number: (if available)	8734												
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES													
<p>Notes:</p> <ul style="list-style-type: none"> · <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 													
Name of entity: Mabanaft Carbon India Pvt. Ltd.													
Address: 103, Spectra, Hiranandani Business Park, Powai 400076 Mumbai India													
This entity is nominated as a focal point with the authority to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Sole</th> <th style="width: 15%;">Shared</th> <th style="width: 15%;">Joint</th> </tr> </thead> <tbody> <tr> <td>(a) Communicate in relation to requests for forwarding of CER</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(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</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Sole	Shared	Joint	(a) Communicate in relation to requests for forwarding of CER	X	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	X	(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	X	X
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(a) Communicate in relation to requests for forwarding of CER	X	X											
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(c) Communicate on all other project or programme related matters not covered by (a) or (b) above	X	X											
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: Ali	Telephone 1:												
First name: Beer	Telephone 2 (optional):												
Email:	Fax (optional):												
Specimen signature:	Date (dd/mm/yyyy):												
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: Huenteler	Telephone 1:												
First name: Henning	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												
Name of entity: Carbonbay GmbH & Co. KG													

Address: Admiralitätstrasse 55 20459 Hamburg Germany			
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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Huenteler	Telephone 1:		
First name: Henning	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Weisser	Telephone 1:		
First name: Daniel	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		