

**CDM-MOC-FORM Form: ANNEX 1**

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| <b>Date of submission</b>                                      |  | 24/07/2012 |
| <b>Section 1: Project Details</b>                              |  |            |
| <b>1. Title of the CDM project activity</b>                    | Grid connected renewable energy project in India |            |
| <b>2. Please state project ID Number if available</b>          | 4450   |            |
| <b>Section 2: List of project participants</b>                 |  |            |
| <b>Name of the entity:</b><br>M/s Eastman International        |  |            |
| <b>Party (country that authorised participation):</b><br>India |  |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.  |            |
| Last name:<br>Bedi   | Telephone:                                       |            |
| First name:<br>Arminder Singh                                  | Fax:   |            |
| Email:   | Address:   |            |
| Specimen signature:  |  |            |
| <b>Contact details (alternate authorised signatory):</b>       |  |            |
| Last name:   | Telephone:                                       |            |
| First name:  | Fax:   |            |
| Email:   | Address:   |            |
| Specimen signature:  |  |            |
| <b>Name of the entity:</b><br>M/s Avon Cycle limited           |  |            |
| <b>Party (country that authorised participation):</b><br>India |  |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.  |            |
| Last name:<br>Pahwa  | Telephone:                                       |            |
| First name:<br>Onkar Singh                                     | Fax:   |            |
| Email:   | Address:   |            |
| Specimen signature:  |  |            |
| <b>Contact details (alternate authorised signatory):</b>       |  |            |
| Last name:   | Telephone:                                       |            |
| First name:  | Fax:   |            |
| Email:   | Address:   |            |
| Specimen signature:  |  |            |

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| <b>Name of the entity:</b><br>M/s Rita International           |            |
| <b>Party (country that authorised participation):</b><br>India |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.        |
| Last name:<br>Gupta  | Telephone: |
| First name:<br>Rakesh  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Contact details (alternate authorised signatory):</b>       |            |
| Last name:   | Telephone: |
| First name:  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Name of the entity:</b><br>M/s Maxwell Inc.                 |            |
| <b>Party (country that authorised participation):</b><br>India |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.        |
| Last name:<br>Singal   | Telephone: |
| First name:<br>Atul  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Contact details (alternate authorised signatory):</b>       |            |
| Last name:   | Telephone: |
| First name:  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |

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| <b>Name of the entity:</b><br>M/s Mukand Industries            |            |
| <b>Party (country that authorised participation):</b><br>India |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.        |
| Last name:<br>Singal   | Telephone: |
| First name:<br>Sachin  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Contact details (alternate authorised signatory):</b>       |            |
| Last name:   | Telephone: |
| First name:  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Name of the entity:</b><br>M/s Ramesh Steels                |            |
| <b>Party (country that authorised participation):</b><br>India |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.        |
| Last name:<br>Singal   | Telephone: |
| First name:<br>Atul  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |
| <b>Contact details (alternate authorised signatory):</b>       |            |
| Last name:   | Telephone: |
| First name:  | Fax:       |
| Email:   | Address:   |
| Specimen signature:  |            |