

## **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		29/02/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Bundled Grid Connected Wind Power Generation – Abi Energy Bundle 3			
2. Please state project ID Number if available	5307			
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 <u>ANY of the entities listed below are required</u> for communication related to the corresponding scope of authority.   • Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.   Name of the entity:   M/s Abi Energy Consultancy Services Private Limited   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 Image: Sole Size Size Size Size Size Size Size Siz				
Contact details (primary authorized signatory):	Mr.			
Last name: Vijayarajan	Telephone:			
First name: K.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Prabakaran	Telephone:			
First name: K.	Fax:			
Email:	Address:			
Specimen signature:				