

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		11/07/2012		
Section 1: Project Details				
1. Title of the CDM project activity	4.5 MW Bundled Wind Power Project in Karnataka, India			
2. Please state project ID Number if available	4739			
Section 2: Nomination of Focal Point				

3. Details of the entity/ies nominated as focal point

Notes

- · <u>Sole Focal Point authority</u> A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.
- <u>Shared Focal Point authority</u> A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.
- · <u>Joint</u> 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 BVSR Energy Systems

This entity is nominated as focal point for:		Sole	Shared	Join
 (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (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 				X
				X
				X
Contact details (primary authorized signatory):	Mr.			
Last name: Reddy	Telephone:			
First name: B.V. Srinivasa	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
	Ms. Telephone:			
Contact details (alternate authorized signatory):				

Name of the entity: M/s Sree Minerals				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communica allocation/forwarding of CERs	ate with the CDM EB on			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.				X
(c) Communication with the secretariat and CDM EB or registration and/or issuance. Select this scope if the enticommunication related to the project				X
Contact details (primary authorized signatory):	Mr.	'		
Last name: Reddy	Telephone:			
First name: B.V. Srinivasa	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: Sreelatha	Telephone:			
First name: B.	Fax:			
Email:	Address:			
Name of the entity: M/s Gensol Consultants Pvt. Ltd.				
M/s Gensol Consultants Pvt. Ltd. This entity is nominated as focal point for:		Sole	Shared	Joint
M/s Gensol Consultants Pvt. Ltd.	ate with the CDM EB on	Sole	Shared	Joint X
M/s Gensol Consultants Pvt. Ltd. This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communication of the secretariation of the	eants and/or to communicate s of project participant	Sole	Shared	
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