



## Modalities of Communication Form

*This form is to be used by project participants in order to submit the statement of Modalities of Communication.*

<b>Date of submission</b>	11/11/2011
---------------------------	------------

### Section 1: Project Details

<b>1. Title of the CDM project activity</b>	4.5 MW Biomass (low density Crop Residues) based Power Generation unit of Malavalli Power Plant Pvt Ltd.
<b>2. Please state project ID Number if available</b>	0298

### 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.

**Name of the entity:**

M/s Malavalli Power Plant Pvt. Ltd.

This entity is nominated as focal point for:	Sole	Shared	Joint
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>			<b>X</b>
<b>(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.</b>	<b>X</b>		
<b>(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</b>	<b>X</b>		

<b>Contact details (primary authorized signatory):</b>	Mr.
Last name: Krishan	Telephone:
First name: K.	Fax:
Email:	Address:

Specimen signature:

<b>Contact details (alternate authorized signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:

Specimen signature:

<b>Name of the entity:</b> myclimate Foundation - The Climate Protection Partnership			
<b>This entity is nominated as focal point for:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>			<b>X</b>
<b>(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.</b>			
<b>(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</b>			
<b>Contact details (primary authorized signatory):</b>	Mr.		
Last name: Schilli	Telephone:		
First name: Alain	Fax:		
Email:	Address:		
Specimen signature:			
<b>Contact details (alternate authorized signatory):</b>			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			
<b>Name of the entity:</b> South Pole Carbon Asset Management Ltd.			
<b>This entity is nominated as focal point for:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>			<b>X</b>
<b>(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.</b>			
<b>(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</b>			
<b>Contact details (primary authorized signatory):</b>	Mr.		
Last name: Buergi	Telephone:		
First name: Patrick	Fax:		
Email:	Address:		
Specimen signature:			
<b>Contact details (alternate authorized signatory):</b>			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			