# Modalities of Communication Statement
# (Version 03.0)

| **Date of submission:** | 19/11/2018 |
|---|---|

## SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

| **Title of the project/programme of activities:** | MRMPL Wind Power Project |
|---|---|
| **Project/programme of activities reference number:** *(if available)* | 3839 |

## SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES

Notes:

· **Sole Focal Point authority** - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.

· **Shared Focal Point authority** - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.

· **Joint Focal Point authority** - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.

**Name of entity:**
Infinite Solutions

**Address:**
611, Chetak Centre, RNT Marg
452001 Indore
India

| **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. ☒ Ms. ☐ |
|---|---|
| Last name: Singhvi | Telephone 1: |
| First name: Sumeet | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

| **Contact details (alternate authorized signatory):** | Mr. ☒ Ms. ☐ |
|---|---|
| Last name: Sah | Telephone 1: |
| First name: Jimmy | 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? | **No** |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | |

**Name of entity:**
M/s Modern Road Makers Pvt. Ltd.

| | | | | |
|---|---|---|---|---|
| **Address:**<br>1102, Hiranandani Knowledge Park,<br>Opp. Hiranandani Hospital, Powai<br>400 076 Mumbai<br>India | | | | |
| **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. ☒ Ms. ☐ | | | |
| Last name: Yadav | Telephone 1: | | | |
| First name: Anil | 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** | | | |