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	09/02/2012

Section 1: Project Details

1. Title of the CDM project activity	Wind Power Project in Tirunelveli district, Tamil Nadu, India by M/s Binaguri Tea Company Pvt. Ltd.
2. Please state project ID Number if available	5271

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 Binaguri Tea Company Pvt. Ltd

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**		
(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 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**		

Contact details (primary authorized signatory):	Mr.
Last name: Datta Chaudhuri	Telephone:
First name: Chandan	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Jayaraman	Telephone:
First name: Seetharaman	Fax:
Email:	Address:
Specimen signature:	