

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		28/02/2011		
Section 1: Project Details				
1. Title of the CDM project activity	Switching of fuel from Naphtha to Natural gas at United Phosphorus Limited (UPL)			
2. Please state project ID Number if available	0437			
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 United Phosphorus 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 section 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 Image: Sole section and/or issuance. Select this scope if the entity is to be copied on all communication related to the project				
Contact details (primary authorized signatory):	Mr.			
Last name: Krishnan	Telephone:			
First name: S.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				