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	13/02/2012

Section 1: Project Details

1. Title of the CDM project activity	GHG emission reduction through the installation of energy efficient vacuum creating system in the vacuum distillation column of petroleum refinery
2. Please state project ID Number if available	0832

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 Essar Oil 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**		
(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: Mukherjee	Telephone:
First name: Bimal Kumar	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Satheesan	Telephone:
First name: V. N.	Fax:
Email:	Address:
Specimen signature:	