

## Modalities of Communication Statement (Version 03.0)

		10/04/2010					
	ate of submission: 10/04/2019						
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	Wind Energy Project in Maharashtra by M/s Shah Promoters & Developers						
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	4489						
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES							
<ul> <li>Notes:         <ul> <li><u>Sole</u> Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li><u>Shared</u> Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li><u>Joint</u> Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> </li> </ul>							
Name of entity: EKI Energy Services Ltd.							
Address: Enking Embassy, plot 48, Scheme 78, Part 2, Vijay Nagar, Indore, Madhyapradesh 425007 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 o	f CER	Χ					
<ul> <li>(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</li> <li>(a) Communicate on all other project on programme related methods and specimen by the project on the project of the project on the project on the project of the project of</li></ul>				X			
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above							
Contact details (primary authorized signatory):	Mr. 🛛 Ms.						
Last name: Sharma	Telephone 1:						
First name: Naveen	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: Shah Promoters & Developers							
Address: AST-1, Success Chambers, 1232 Apte Road, near Deccan gymkhana 411004 Pune India							

## CDM-MOC-FORM

This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwardin	ng of CER				
(b) Communicate in relation to requests for addition a project participants and focal points, as well as chang 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.	II			
Last name: Shah	Telephone 1:	Telephone 1:			
First name: Pratik	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				