

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 | | | | | | |
| Project/programme of activities reference number: <i>(if available)</i> | 4489 | | | | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | | | | |
| Notes: <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. <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. <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. | | | | | | | |
| 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 | | | | | |
| (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 (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 | | | | 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 | | | | |