

Modalities of Communication Statement (Version 03.0)

| Date of submission: | | 20/01/2017 | | |
|---|------------------------------|------------|------------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | |
| Title of the project/programme of activities: | 50 MW Solar Photo Voltaic Pl | ant at Ra | igarh (MP) | |
| Project/programme of activities reference number: (if available) | 10270 | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | |
| Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. Name of entity: | | | | |
| M/s NTPC Limited | | | | |
| Address: EOC Building, A8-A Sector-24 Noida UP-201301 Gautam Budh Nagar India | | | | |
| This entity is nominated as a focal point with the authority to: | | Sole | Shared | Joint |
| (a) Communicate in relation to requests for forwarding of CER | | X | | |
| (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 | | 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. □ | | | |
| Last name: Pradhan | Telephone 1: | | | |
| First name: Piyush | Telephone 2 (optional): | | | |
| Email: | Fax (optional): | | | |
| Specimen signature: Date (dd/mm/yyyy): | | | | |
| Contact details (alternate authorized signatory): | Mr. ⋈ Ms. □ | | | |
| Last name: Srivastava | Telephone 1: | | | |
| First name: Lakshmi Kant | 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 | | | |