



## Modalities of Communication Statement (Version 03.0)

Date of submission:		27/08/2024	
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
Title of the project/programme of activities:		Installation of Bundled Composting Project in the state of Tamil Nadu	
Project/programme of activities reference number: (if available)		2867	
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>			
<p>Notes:</p> <ul style="list-style-type: none"> <li>• <b>Sole Focal Point authority</b> - 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>• <b>Shared Focal Point authority</b> - 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>• <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>			
<b>Name of entity:</b> INDO ENVIRO INTEGRATED SOLUTIONS PRIVATE LIMITED			
<b>Address:</b> 217-A, Ground Floor, Okhla, Phase-3, NEW DELHI India 110020 Delhi India			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: KANITHI		Telephone 1:	
First name: APPAYYA CHOWDARY		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: POOVALINGAM		Telephone 1:	
First name: DURAISAMY		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?		Yes	
Former entity name, if applicable: INDO ENVIRO INTEGRATED SOLUTIONS LIMITED			
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	