

## Modalities of Communication Statement (Version 03.0)

| Date of submission:  |  | 20/04/2021  |                      |       |
|--|--|-------------|----------------------|-------|
| SECTION 1: CDM PROJECT/PRO   | GRAMME OF ACTIVITIES   | 5 DETAI     | LS                   |       |
| Title of the project/programme of activities:  | Solar Project by Parampujya S  | Solar Ener  | gy Pvt. Ltd          |       |
| Project/programme of activities reference number:  | 10603  |             |                      |       |
| (if available)   |  |             |                      |       |
| SECTION 2: NOMINATION  | OF FOCAL POINT ENTITY  | /IES        |                      |       |
| Notes:<br>• <u>Sole</u> Focal Point authority - An authorized signator<br>communication related to the corresponding scope of authority<br>• <u>Shared</u> Focal Point authority - An authorized signat<br>communication related to the corresponding scope of authority<br>• <u>Joint</u> Focal Point authority - Authorized signatorie<br>communication related to the corresponding scope of authority<br>Name of entity: | ority.<br>tory <u>ANY of the entities listed be</u><br>ority.<br>s of <u>ALL entities listed below are</u>             | low is requ | <u>iired</u> to sign |       |
| Parampujya Solar Energy Pvt. Ltd.  |  |             |                      |       |
| Adani Corporate House,<br>Shantigram,<br>Near Vaishno Devi Circle,<br>S. G. Highway,<br>Khodiyar,<br>Gujarat,<br>382 421 Ahmedabad<br>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 an<br>project participants and focal points, as well as changes<br>status, contact details and specimen signatures  | •  |             | X                    |       |
| status, contact actains and specifical signatures  |  |             |                      |       |
| <ul><li>(c) Communicate on all other project or programme re</li><li>(a) or (b) above</li></ul>  | lated matters not covered by   |             | X                    |       |
| (c) Communicate on all other project or programme re   | lated matters not covered by<br>Mr. ⋈ Ms.□   |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above   |  |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above<br>Contact details (primary authorized signatory):  | Mr. 🛛 Ms.  |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above<br>Contact details (primary authorized signatory):<br>Last name: Trivedi  | Mr. Ms.  |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above<br>Contact details (primary authorized signatory):<br>Last name: Trivedi<br>First name: Dhaval  | Mr. Ms. Telephone 1:<br>Telephone 2 (optional):  |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above<br>Contact details (primary authorized signatory):<br>Last name: Trivedi<br>First name: Dhaval<br>Email:  | Mr. Ms. Telephone 1:<br>Telephone 2 (optional):<br>Fax (optional):   |             | X                    |       |
| (c) Communicate on all other project or programme re<br>(a) or (b) above<br>Contact details (primary authorized signatory):<br>Last name: Trivedi<br>First name: Dhaval<br>Email:<br>Specimen signature:   | Mr. Ms. Telephone 1:<br>Telephone 2 (optional):<br>Fax (optional):<br>Date (dd/mm/yyyy):                               |             | X                    |       |
| (c) Communicate on all other project or programme re(a) or (b) above   Contact details (primary authorized signatory):   Last name: Trivedi   First name: Dhaval   Email:   Specimen signature:   Contact details (alternate authorized signatory):  | Mr. Ms. Telephone 1:<br>Telephone 2 (optional):<br>Fax (optional):<br>Date (dd/mm/yyyy):<br>Mr. Ms. Ms.                |             | X                    |       |
| (c) Communicate on all other project or programme re(a) or (b) above   Contact details (primary authorized signatory):   Last name: Trivedi   First name: Dhaval   Email:   Specimen signature:   Contact details (alternate authorized signatory):   Last name: Gedia   | Mr. ⋈ Ms.□   Telephone 1:   Telephone 2 (optional):   Fax (optional):   Date (dd/mm/yyyy):   Mr. ⋈ Ms.□   Telephone 1: |             |                      |       |

## CDM-MOC-FORM

| 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                     |      |        |       |  |
| Name of entity:<br>Infinite Environmental Solutions LLP   |                         |      |        |       |  |
| Address:<br>611, Chetak Centre Main,<br>12/2 RNT Marg,<br>(M.P.)<br>Indore<br>India   |                         |      |        |       |  |
| This entity is nominated as a focal point with the author   | ity to:                 | Sole | Shared | Joint |  |
| (a) Communicate in relation to requests for forwarding of CER   |                         |      | X      |       |  |
| (b) Communicate in relation to requests for addition an<br>project participants and focal points, as well as changes<br>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: Singhvi  | Telephone 1:            |      |        |       |  |
| First name: Sumeet  | Telephone 2 (optional): |      |        |       |  |
| Email:  | Fax (optional):         |      |        |       |  |
| Specimen signature:   | Date (dd/mm/yyyy):      |      |        |       |  |
| Is this entity changing its name?   | No                      |      |        |       |  |
|   | 1                       |      |        |       |  |
| Former entity name, if applicable:  |                         |      |        |       |  |
| Former entity name, if applicable:<br>Is this entity also a project participant?  | No                      |      |        |       |  |