

**Form: ANNEX 2**

|   |   |                  |
|---|---|------------------|
| <b>Date of submission</b>   |   | 12/01/2012       |
| <b>Section 1: Project Details</b>   |   |                  |
| <b>1. Title of the CDM project activity</b>   | Upgradation, Operation and Maintenance of 200 TPD Composting facility at Okhla, Delhi |                  |
| <b>2. Please state reference number if available</b>  | 2470  |                  |
| <b>Section 2: Addition/change of name of a project participant</b>  |   |                  |
| <input type="checkbox"/> Add project participant<br><input checked="" type="checkbox"/> Change name of project participant<br><b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.</b> |   |                  |
| <b>Name of the entity:</b><br>IL&FS Environmental Infrastructure and Services Limited   |   |                  |
| <b>Party (country that authorised participation):</b><br>India  |   |                  |
| <b>Former name of project participant:</b><br>IL&FS Waste Management & Urban Services Limited   |   |                  |
| <b>Contact details (primary authorized signatory):</b>  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                  |                  |
| Last name: Singh  | Telephone:  |                  |
| First name: Sanjay  | Fax:  |                  |
| Email:  | Address:  |                  |
| Specimen signature:   |   |                  |
| <b>Contact details (alternate authorized signatory):</b>  |   |                  |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>  |   |                  |
| Last name: Tripathy   | Telephone:  |                  |
| First name: Debashish   | Fax:  |                  |
| Email:  | Address:  |                  |
| Specimen signature:   |   |                  |
| Signature(s) of designated focal point for scope (b):   |   | Date: .....      |
| Name: .....   |   | Signature: ..... |
| Only one primary or alternate signatory per focal point entity is required.   |   |                  |