



## Modalities of Communication Statement (Version 03.0)

|   |  |  |               |
|---|--|--|---------------|
| <b>Date of submission:</b>  |  | 05/03/2013   |               |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>   |  |  |               |
| <b>Title of the project/programme of activities:</b>  |  | 12 MW biomass based renewable power generation in Rajasthan, India   |               |
| <b>Project/programme of activities reference number:</b><br>(if available)  |  | 6878   |               |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>  |  |  |               |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b><u>Sole Focal Point authority</u></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><u>Shared Focal Point authority</u></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><u>Joint Focal Point authority</u></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><br>M/s Transtech Green Power Private Limited   |  |  |               |
| <b>Address:</b><br>C-30, LajpatMarg, C-Scheme, Jaipur, Rajasthan,<br>302001<br>India  |  |  |               |
| <b>This entity is nominated as a focal point with the authority to:</b>   |  | <b>Sole</b>  | <b>Shared</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>  |  |  | <b>X</b>      |
| <b>(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</b>  |  |  | <b>X</b>      |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>  |  |  | <b>X</b>      |
| <b>Contact details (primary authorized signatory):</b>  |  | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |               |
| Last name: Tandon   |  | Telephone 1:   |               |
| First name: Amitabh   |  | Telephone 2 (optional):  |               |
| Email:  |  | Fax (optional):  |               |
| Specimen signature:   |  | Date (dd/mm/yyyy):   |               |
| Is this entity changing its name?   |  | <b>No</b>  |               |
| Former entity name, if applicable:  |  |  |               |
| Is this entity also a project participant?  |  | <b>Yes</b>   |               |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?  |  | <b>Yes</b>   |               |
| <b>Name of entity:</b><br>M/s First Climate (India) Private Limited   |  |  |               |
| <b>Address:</b><br>3C, Camac Street, 9th Floor, Camac Tower, Kolkata,<br>700016<br>India  |  |  |               |
| <b>This entity is nominated as a focal point with the authority to:</b>   |  | <b>Sole</b>  | <b>Shared</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>  |  |  | <b>X</b>      |

|  |  |                    |  |          |
|--|--|--------------------|--|----------|
| <b>(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</b> |  |                    |  | <b>X</b> |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>   |  |                    |  | <b>X</b> |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                    |  |          |
| Last name: Biswas  | Telephone 1:   |                    |  |          |
| First name: Subhendu   | Telephone 2 (optional):  |                    |  |          |
| Email:   | Fax (optional):  |                    |  |          |
| Specimen signature:  |  | Date (dd/mm/yyyy): |  |          |
| Is this entity changing its name?  |  | <b>No</b>          |  |          |
| Former entity name, if applicable:   |  |                    |  |          |
| Is this entity also a project participant?   |  | <b>Yes</b>         |  |          |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   |  | <b>Yes</b>         |  |          |