

Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

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Date of submission		08/06/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Tuppadahalli Wind Energy Project			
2. Please state project ID Number if available	5198			
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
Notes: • Sole Focal Point authority - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority. • Shared Focal Point authority - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority. • Joint Focal Point authority - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.				
Name of the entity: M/s Tuppadahalli Energy India Pvt. Ltd.				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs		X		
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.		X		
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project		X		
Contact details (primary authorized signatory):	Mr.			
Last name: Sapra	Telephone:			
First name: Rajnish Krishanlal	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: Garcia Mora	Telephone:			
First name: Magdalena	Fax:			
Email:	Address:			
Specimen signature:				