

## Modalities of Communication Statement (Version 03.0)

| Date of submission:   |  | 30/09/2021 |        |       |
|---|--|------------|--------|-------|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  |  |            |        |       |
| Title of the project/programme of activities:   | Bundled Wind Project Activity by M/s Bhagyanagar India<br>Limited and M/s Surana Telecom and Power Limited |            |        |       |
| <b>Project/programme of activities reference number:</b> <i>(if available)</i>  | 7558   |            |        |       |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES   |  |            |        |       |
| Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.   • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.   • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. |  |            |        |       |
| Name of entity:<br>EKI Energy Services Limited  |  |            |        |       |
| Address:<br>EnKing Embassy Office No. 201<br>Plot 48, Scheme 78, Part 2<br>Vijay Nagar<br>452010 Indore<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 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. 🛛 Ms.  | 1          |        |       |
| Last name: Sharma   | Telephone 1:   |            |        |       |
| First name: Naveen  | Telephone 2 (optional):  |            |        |       |
| Email:  | Fax (optional):  |            |        |       |
| Specimen signature: Date (dd/mm/yyyy):  |  |            |        |       |
| Is this entity changing its name?   | No   |            |        |       |
| Former entity name, if applicable:  |  |            |        |       |
| Is this entity also a project participant?  | No   |            |        |       |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?  |  |            |        |       |