



## Modalities of Communication Statement (Version 03.0)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |               |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------|--------------|
| <b>Date of submission:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14/06/2013                                                             |               |              |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |               |              |
| <b>Title of the project/programme of activities:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7.2 MW Bundled Wind Power Project by TCP Limited. In Tamilnadu, India. |               |              |
| <b>Project/programme of activities reference number:</b><br>(if available)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8681                                                                   |               |              |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>• <b>Sole Focal Point authority</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>Shared Focal Point authority</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>Joint Focal Point authority</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 TCP Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |               |              |
| <b>Address:</b><br>No.4, TCP Sapthagiri Bhavan, Karpagambal Nagar, Mylapore, Chennai, Tamil Nadu,<br>6000 004<br>India                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |               |              |
| <b>This entity is nominated as a focal point with the authority to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Sole</b>                                                            | <b>Shared</b> | <b>Joint</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: Rajasekaran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone 1:                                                           |               |              |
| First name: Vaidhinathan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone 2 (optional):                                                |               |              |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Fax (optional):                                                        |               |              |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date (dd/mm/yyyy):                                                     |               |              |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |               |              |
| Last name: Sampath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Telephone 1:                                                           |               |              |
| First name: Aravamndhan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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 Gensol Consultants Pvt. Ltd.                                                                                                                                                                   |                                                                      |                    |              |
| <b>Address:</b><br>205-206, Sarthik II, S.G. Highway, Opp. Rajpath Club, Ahmedabad, Gujarat,<br>380015<br>India                                                                                                              |                                                                      |                    |              |
| <b>This entity is nominated as a focal point with the authority to:</b>                                                                                                                                                      | <b>Sole</b>                                                          | <b>Shared</b>      | <b>Joint</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: Jaggi                                                                                                                                                                                                             | Telephone 1:                                                         |                    |              |
| First name: Anmol                                                                                                                                                                                                            | Telephone 2 (optional):                                              |                    |              |
| Email:                                                                                                                                                                                                                       | Fax (optional):                                                      |                    |              |
| Specimen signature:                                                                                                                                                                                                          |                                                                      | Date (dd/mm/yyyy): |              |
|                                                                                                                                                                                                                              |                                                                      |                    |              |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                     | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                    |              |
| Last name: Naqvi                                                                                                                                                                                                             | Telephone 1:                                                         |                    |              |
| First name: Imran                                                                                                                                                                                                            | 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>No</b>                                                            |                    |              |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?                                                                                                           |                                                                      |                    |              |