



## Modalities of Communication Form

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

<b>Date of submission</b>	17/01/2012
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### Section 1: Project Details

<b>1. Title of the CDM project activity</b>	“Optimal Utilization of Clinker” project at Dalmia Cement (Bharat) Limited (DCBL), Dalmiapuram , Tamilnadu.
<b>2. Please state project ID Number if available</b>	0712

### 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 Dalmia Cement (Bharat) Ltd.

This entity is nominated as focal point for:	Sole	Shared	Joint
<b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>	<b>X</b>		
<b>(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.</b>	<b>X</b>		
<b>(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</b>	<b>X</b>		

<b>Contact details (primary authorized signatory):</b>	Mr.
Last name: Thirumeni	Telephone:
First name: J.	Fax:
Email:	Address:

Specimen signature:

<b>Contact details (alternate authorized signatory):</b>	
Last name:	Telephone:
First name:	Fax:
Email:	Address:

Specimen signature: