

Modalities of Communication Form

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

Date of submission	08/0	05/2012	
Section 1: Project Details			
1. Title of the CDM project activity	24 MW Perla Mini Hydel Project, Karnataka, India		
2. Please state project ID Number if available	2112		
Section 2: Nomination of Focal Point			

3. Details of the entity/ies nominated as focal point

Notes:

- · <u>Sole Focal Point authority</u> A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority.
- <u>Shared Focal Point authority</u> A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority.
- · <u>Joint Focal Point authority</u> A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority.

Name of the entity:

M/s AMR Power Private Limited					
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: Choppakatla	Telephone:				
First name: Purushotham	Fax:				
Email:	Address:				
Specimen signature:					
Contact details (alternate authorized signatory):					
Last name:	Telephone:				
First name:	Fax:				
Email:	Address:				
Specimen signature:					