# 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** | 07/10/2011 |

## Section 1: Project Details

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| **1. Title of the CDM project activity** | Capacity enhancement for export of surplus power to grid at Lakshmipuram, Andhra Pradesh, India |
| **2. Please state project ID Number if available** | 1571 |

## 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 KCP Sugar and Industries Corporation 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** | | |

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| **Contact details (primary authorized signatory):** | Mr. |
| Last name: Jawaharlal | Telephone: |
| First name: B.R | Fax: |
| Email: | Address: |
| Specimen signature: | |

| | |
|---|---|
| **Contact details (alternate authorized signatory):** | |
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |
| Specimen signature: | |