

## Modalities of Communication Statement (Version 03.0)

Date of submission:		25/03/20	014			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Wind power project in Gujarat					
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	9451					
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES						
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory of communication related to the corresponding scope of authorit • <u>Shared</u> Focal Point authority - An authorized signatoric communication related to the corresponding scope of authorit • <u>Joint</u> Focal Point authority - Authorized signatories of communication related to the corresponding scope of authority Name of entity:	ty. ry <u>ANY of the entities listed belo</u> ty. f <u>ALL entities listed below are re</u>	ow is requ	ired to sign			
M/s Sumilon Industries Limited						
Address: Vairagini Wadi Delhi Gate, Surat 395003 Gujarat 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.		<u> </u>			
Last name: Jariwala	Telephone 1:					
First name: Nikunj Mahesh	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?	Yes					
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes					
Name of entity: M/s Envarrior Consulting Services						
Address: 416, 4th Floor, Super Mall, Nr. Lal Bunglow, CG Road, Ahmedabad 380009 Gujarat 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		

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(b) Communicate in relation to requests for addition project participants and focal points, as well as chang status, contact details and specimen signatures	•	X
(c) Communicate on all other project or programme (a) or (b) above	related matters not covered by	X
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: Rao	Telephone 1:	
First name: Shailendra Singh	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?	Yes	
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes	