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	14/02/2012

Section 1: Project Details

1. Title of the CDM project activity	GHG emission reduction by thermal oxidation of HFC 23 at Navin Fluorine International Limited (NFIL), Surat, Gujarat, India
2. Please state project ID Number if available	0838

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 Navin Fluorine International 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: Chowdhury	Telephone:
First name: Partha Roy	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:
Specimen signature:	