

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		05/04/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Improving Energy Efficiency in Railways' Residential Quarters – Eastern Region			
2. Please state project ID Number if available	3795			
Section 2: Nomination of Focal Point				

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

Notes:

- · <u>Sole</u> Focal Point authority 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</u> Focal Point authority 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</u> Focal Point authority 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:

Ministry of Railways (Railway Board)

Willistry of Kullways (Kullway Board)			-	
This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs (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. (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		Sole	Shared	Joint
				X
		Contact details (primary authorized signatory):	Mr.	
Last name: Kumar	Telephone:			
First name: Sudheer	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Tiwari	Telephone:			
First name: Ved Mani	Fax:			
Email:	Address:			
Specimen signature:	1			

Name of the entity: C-Quest Capital Malaysia 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 (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. (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
				X
				X
Contact details (primary authorized signatory):	Mr.	·		
Last name: Newcombe	Telephone:			
First name: Kenneth	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.	Ms.		
Last name: Alegre	Telephone:	Felephone:		
First name: Isabel	Fax:			
Email:	Address:			
Name of the entity: Swedish Energy Agency				
· ·		Sole	Shared	Joint
Swedish Energy Agency	ate with the CDM EB on	Sole	Shared	Joint X
Swedish Energy Agency This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communication of the secretariation of the se	ants and/or to communicate of project participant	Sole	Shared	
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