

# CDM-MOC-FORM Form: ANNEX 1

|                                                                |                                                                        |            |
|----------------------------------------------------------------|------------------------------------------------------------------------|------------|
| <b>Date of submission</b>                                      |                                                                        | 22/02/2012 |
| <b>Section 1: Project Details</b>                              |                                                                        |            |
| <b>1. Title of the CDM project activity</b>                    | 14.1 MW grid connected wind energy project in Tamilnadu by ITC Limited |            |
| <b>2. Please state project ID Number if available</b>          | 3035                                                                   |            |
| <b>Section 2: List of project participants</b>                 |                                                                        |            |
| <b>Name of the entity:</b><br>ITC Limited                      |                                                                        |            |
| <b>Party (country that authorised participation):</b><br>India |                                                                        |            |
| <b>Contact details (primary authorised signatory):</b>         | Mr.                                                                    |            |
| Last name:<br>Pramanick                                        | Telephone:                                                             |            |
| First name:<br>Biman                                           | Fax:                                                                   |            |
| Email:                                                         | Address:                                                               |            |
| Specimen signature:                                            |                                                                        |            |
| <b>Contact details (alternate authorised signatory):</b>       |                                                                        |            |
| Ms.                                                            |                                                                        |            |
| Last name:<br>Vijayaraghavan                                   | Telephone:                                                             |            |
| First name:<br>Radha                                           | Fax:                                                                   |            |
| Email:                                                         | Address:                                                               |            |
| Specimen signature:                                            |                                                                        |            |