

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 | | 29/11/2011 | |
|--|--|------------|--|
| Section 1: Project Details | | | |
| 1. Title of the CDM project activity | 6.0 MW wind energy project in Karnataka, India | | |
| 2. Please state project ID Number if available | 4575 | | |
| Section 2: Nomination of Focal Point | | | |

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

Notes:

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

M/s Renaissance Holdings & Developers Pvt. Ltd

| | | , | | | |
|--|------------|------|--------|-------|--|
| 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: Venkateshmurthy | Telephone: | | | | |
| First name: Sudhama | Fax: | | | | |
| Email: | Address: | | | | |
| Specimen signature: | | | | | |
| Contact details (alternate authorized signatory): | Mr. | | | | |
| Last name: Kannappa | Telephone: | | | | |
| First name: Arun Kumar | Fax: | | | | |
| Email: | Address: | | | | |
| Specimen signature: | | | | | |