

Modalities of Communication Statement (Version 03.0)

Date of submission:		17/06/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES				
	Micro Scale Biogas CDM Project of WORD			
Project/programme of activities reference number: <i>(if available)</i>	8275			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES				
Notes: • <u>Sole</u> Focal Point authority - An authorized signatory communication related to the corresponding scope of author • <u>Shared</u> Focal Point authority - An authorized signat communication related to the corresponding scope of author • <u>Joint</u> Focal Point authority - Authorized signatories communication related to the corresponding scope of author	rity. ory <u>ANY of the entities listed bel</u> rity. of <u>ALL entities listed below are r</u>	ow is req	uired to sign	
Name of entity: M/s Women's Organization in Rural Development (WORD)			
Address: 7-C, Andikadu, Vediyarasampalayam Road, Agraharam Post, Pallipalayam, Namakkal District, Tamil Nadu, 638 008 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. 🛛			
Last name: Sarala	Telephone 1:			
First name: Renida	Telephone 2 (optional):			
Email:	Fax (optional):			
ccimen 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			