



Modalities of Communication Statement (Version 03.0)

Date of submission:	02/10/2012		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Grid Connected Wind Power Project by Madurai Integrated Textile Park Limited		
Project/programme of activities reference number: (if available)	4486		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: • Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.			
Name of entity: M/s Madurai Integrated Textile Park Limited			
Address: Thathampatti Village, Vadipatti P.O. Vadipatti 625 218 Madurai 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: Britto	Telephone 1:		
First name: M.	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen 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		
Name of entity: M/s ABI Energy Consultancy Services Private Limited			
Address: Sreenivi, No. 22, Subramaniyanagar 2 nd Street, Rengarajapuram, Kodambakkam, Chennai 600 024 Tamilnadu 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: Vijayarajan	Telephone 1:			
First name: K.	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen 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		