| | **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** | 28/03/2012 |
|---|---|

| **Section 1: Project Details** ||
|---|---|
| **1. Title of the CDM project activity** | 9 MW Renewable Energy Grid Connected Biomass Power Project |
| **2. Please state project ID Number if available** | 1260 |

| **Section 2: Nomination of Focal Point** ||
|---|---|

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

Notes:
  · **Sole Focal Point authority** - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
  · **Shared Focal Point authority** - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
  · **Joint Focal Point authority** - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

**Name of the entity:**
M/s TCP 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** | 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: Rajasekaran | Telephone: |
| First name: V. | Fax: |
| Email: | Address: |
| Specimen signature: ||

| **Contact details (alternate authorized signatory):** | |
|---|---|
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |
| Specimen signature: ||