

**CDM-MOC-FORM Form: ANNEX 2**

|                                                                                                                                                                                                                                                                                            |                                                        |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------|
| <b>Date of submission</b>                                                                                                                                                                                                                                                                  |                                                        | 13/08/2010 |
| <b>Section 1: Project Details</b>                                                                                                                                                                                                                                                          |                                                        |            |
| <b>1. Title of the CDM project activity</b>                                                                                                                                                                                                                                                | 7.5 MW biomass plants using agricultural waste Limited |            |
| <b>2. Please state project ID Number if available</b>                                                                                                                                                                                                                                      | 1126                                                   |            |
| <b>Section 2: <u>Addition/change of name of a project participant</u></b>                                                                                                                                                                                                                  |                                                        |            |
| <p><b>The following entity is hereby added as a project participant in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.</b></p> |                                                        |            |
| <p><b>Name of the entity:</b><br/>Shriram Powergen Limited</p>                                                                                                                                                                                                                             |                                                        |            |
| <p><b>Previous name of the entity:</b><br/>Shriram Transport Finance Company Limited</p>                                                                                                                                                                                                   |                                                        |            |
| <p><b>Party (country that authorised participation):</b><br/>India</p>                                                                                                                                                                                                                     |                                                        |            |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                     | Mr.                                                    |            |
| Last name: P                                                                                                                                                                                                                                                                               | Telephone:                                             |            |
| First name: Krishnakumar                                                                                                                                                                                                                                                                   | Fax:                                                   |            |
| Email:<br>Mr.                                                                                                                                                                                                                                                                              | Address:                                               |            |
| Specimen signature:                                                                                                                                                                                                                                                                        |                                                        |            |
|                                                                                                                                                                                                                                                                                            |                                                        |            |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                   |                                                        |            |
| Last name:                                                                                                                                                                                                                                                                                 | Telephone:                                             |            |
| First name:                                                                                                                                                                                                                                                                                | Fax:                                                   |            |
| Email:                                                                                                                                                                                                                                                                                     | Address:                                               |            |
| Specimen signature:                                                                                                                                                                                                                                                                        |                                                        |            |
|                                                                                                                                                                                                                                                                                            |                                                        |            |
| <p>Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants:</p>                                                                                                                                       |                                                        |            |

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|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Name of the entity:</b><br>Shriram Non-Conventional Energy Limited                                                                         |            |
| <b>Previous name of the entity:</b><br>Shriram City Union Finance Limited                                                                     |            |
| <b>Party (country that authorised participation):</b><br>India                                                                                |            |
| <b>Contact details (primary authorized signatory):</b>                                                                                        | Mr.        |
| Last name: P                                                                                                                                  | Telephone: |
| First name: Krishnakumar                                                                                                                      | Fax:       |
| Email:<br>Mr.                                                                                                                                 | Address:   |
| Specimen signature:                                                                                                                           |            |
| <b>Contact details (alternate authorized signatory):</b>                                                                                      |            |
| Last name:                                                                                                                                    | Telephone: |
| First name:                                                                                                                                   | Fax:       |
| Email:                                                                                                                                        | Address:   |
| Specimen signature:                                                                                                                           |            |
| Signature(s) of designated focal point for addition of project participant and communication of voluntary withdrawal of project participants: |            |