

Modalities of Communication Form

This form is to be used by project participants in order to sub	omit the statement of Modalities of	of Commu	nication.	
Date of submission		07/12/2010		
Section 1: Pr	oject Details			
1. Title of the CDM project activity	7.2 MW Wind Project at Chitradurga, Karnataka			
2. Please state project ID Number if available	1341			
Section 2: Nomina	tion of Focal Point			
3. Details of the entity/ies nominated as focal point				
Notes: • <u>Sole</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authori • <u>Shared</u> Focal Point authority - A signature of an authority <u>required</u> for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an authority communication related to the corresponding scope of authority Name of the entity: Manual Manual Communication	ty. orized signatory of <u>ANY of the e</u> be of authority. ized signatory of <u>ALL entities lis</u>	entities list	ed below	is
Mysore Mercantile Company Limited		0.1	CL L	T • 4
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	with the CDM EB on			X
(b) Authority to request the addition of project participant any voluntary withdrawal and to update contact details of (includes changes in company's name and legal status, additional status) and the status of th	f project participant			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: Shetty	Telephone:			
First name: H S	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Bhat	Telephone:			
First name: Ravindra	Fax:			
Email:	Address:			
Specimen signature:				

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 (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
				X
(c) Communication with the secretariat and CDM El registration and/or issuance. Select this scope if the e communication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: Watanabe	Telephone:			
First name: Hajime	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Contact details (alternate authorized signatory): Last name: Toyofuku	Mr. Telephone:			