

# CDM-MOC-FORM Form: ANNEX 1

|                                                                  |                                                                                                               |            |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------|
| <b>Date of submission</b>                                        |                                                                                                               | 06/02/2012 |
| <b>Section 1: Project Details</b>                                |                                                                                                               |            |
| <b>1. Title of the CDM project activity</b>                      | Generation of electricity from bundled 25 MW wind energy project aggregated by Resurge Energy Private Limited |            |
| <b>2. Please state project ID Number if available</b>            | 5353                                                                                                          |            |
| <b>Section 2: List of project participants</b>                   |                                                                                                               |            |
| <b>Name of the entity:</b><br>M/s Resurge Energy Private Limited |                                                                                                               |            |
| <b>Party (country that authorised participation):</b><br>India   |                                                                                                               |            |
| <b>Contact details (primary authorised signatory):</b>           | Mr.                                                                                                           |            |
| Last name:<br>Savalia                                            | Telephone:                                                                                                    |            |
| First name:<br>Jayesh                                            | Fax:                                                                                                          |            |
| Email:                                                           | Address:                                                                                                      |            |
| Specimen signature:                                              |                                                                                                               |            |
| <b>Contact details (alternate authorised signatory):</b>         | Ms.                                                                                                           |            |
| Last name:<br>Savalia                                            | Telephone:                                                                                                    |            |
| First name:<br>Sangeeta                                          | Fax:                                                                                                          |            |
| Email:                                                           | Address:                                                                                                      |            |
| Specimen signature:                                              |                                                                                                               |            |