

Modalities of Communication Statement (Version 03.0)

| 3,00 | | | | | |
|--|---|--------|--------|-------|--|
| Date of submission: | 07/03/2017 | | | | |
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | |
| Title of the project/programme of activities: | Vajra and Chaskaman small hydro projects of Vindhyachal Hydro Power Ltd., Maharashtra, India. | | | | |
| Project/programme of activities reference number: (if available) | 0273 | | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | | |
| Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority. | | | | | |
| Name of entity: Vindhyachal Hydro power limited (VHPL) | | | | | |
| Address: Empire House, 3rd Floor, 214, DR. D.N.Road Fort 400001 Mumbai India | | | | | |
| his entity is nominated as a focal point with the authority to: | | 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: Ramachandra | 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: EKI Energy Services Ltd | | | | | |
| Address: Office No. 201, Plot 48, Schemer 78 Part -2, Vijay Nagar (Near Brilliant Convention Centre) 452010 Indore 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 | of CED | | v | | |

CDM-MOC-FORM

| (b) Communicate in relation to requests for addition and project participants and focal points, as well as changes t 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: Dabkara | Telephone 1: | | | |
| First name: Manish | 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? | No | | | |
| If the entity is also a project participant, do the same signatories represent it in its project participant role? | | | | |