



Modalities of Communication Statement (Version 03.0)

Date of submission:	03/02/2022			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	3 MW bundled Wind Power project at Ambaliyara and Jangi Villages, district Kutch, Gujarat, India, implemented by M/s Terapanth Foods Limited and Kutch Salt & Allied Industries Limited.			
Project/programme of activities reference number: <i>(if available)</i>	4050			
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES				
Notes:				
<ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 				
Name of entity: The Kutch Salt & Allied Industries Limited				
Address: Plot-18, Sector-08, Maitri Bhavan 370201 GANDHIDHAM-GUJARAT 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 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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: SINGHVI		Telephone 1:		
First name: MUKESH		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: SINGHVI		Telephone 1:		
First name: MRIDUL		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		