



Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

| | | | |
|---|---|---------------|--------------|
| Date of submission | 29/03/2011 | | |
| Section 1: Project Details | | | |
| 1. Title of the CDM project activity | Mysore Cements Limited Portland Slag Cement project | | |
| 2. Please state project ID Number if available | 0711 | | |
| Section 2: Nomination of Focal Point | | | |
| 3. Details of the entity/ies nominated as focal point | | | |
| Notes: | | | |
| <ul style="list-style-type: none"> · Sole Focal Point authority - A signature of an authorized signatory of <u>ONLY the entity listed below is required</u> for communication related to the corresponding scope of authority. · Shared Focal Point authority - A signature of an authorized signatory of <u>ANY of the entities listed below is required</u> for communication related to the corresponding scope of authority. · Joint Focal Point authority - A signature of an authorized signatory of <u>ALL entities listed below are required</u> for communication related to the corresponding scope of authority. | | | |
| Name of the entity: Mysore Cements Limited | | | |
| 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 | X | | |
| (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 | | |
| (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: Guha | Telephone: | | |
| First name: Ashish | Fax: | | |
| Email: | Address: | | |
| Specimen signature: | | | |
| Contact details (alternate authorized signatory): | Mr. | | |
| Last name: Sharma | Telephone: | | |
| First name: Anil | Fax: | | |
| Email: | Address: | | |
| Specimen signature: | | | |