

## **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		01/06/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Sintex 7.5 MW Natural gas based package cogeneration project, Gujarat – India			
2. Please state project ID Number if available	2471			
Section 2: Nomination of Focal Point				
3. Details of the entity/ies nominated as focal point				
<ul> <li>Notes:         <ul> <li><u>Sole Focal Point authority</u> - A signature of an authorized signatory of <u>ONLY the entity listed below is required for</u> communication related to the corresponding scope of authority.</li> <li><u>Shared Focal Point authority</u> - A signature of an authorized signatory of <u>ANY of the entities listed below is</u> required for communication related to the corresponding scope of authority.</li> <li><u>Joint Focal Point authority</u> - A signature of an authorized signatory of <u>ALL entities listed below are required for</u> communication related to the corresponding scope of authority.</li> </ul> </li> </ul>				
Name of the entity: M/s Sintex Industries 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.	1		
Last name: Rathod	Telephone:			
First name: L. M.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Khamar	Telephone:			
First name: Gautam R.	Fax:			
Email:	Address:			
Specimen signature:				