



## Modalities of Communication Statement (Version 03.0)

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|--|--|---------------|--------------|
| <b>Date of submission:</b>   | 09/08/2018   |               |              |
| <b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>  |  |               |              |
| <b>Title of the project/programme of activities:</b>   | 7 MW Bundled Hydro power project at Himachal Pradesh of Raajratna Energy Holdings Pvt. Ltd |               |              |
| <b>Project/programme of activities reference number:</b><br>(if available)   | 9111   |               |              |
| <b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>   |  |               |              |
| <p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul> |  |               |              |
| <b>Name of entity:</b><br>M/s Raajratna Energy Holdings Pvt Ltd  |  |               |              |
| <b>Address:</b><br>Plot No. 84, Kavuri Hills Phase II<br>500033 Hyderabad<br>India   |  |               |              |
| <b>This entity is nominated as a focal point with the authority to:</b>  | <b>Sole</b>  | <b>Shared</b> | <b>Joint</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>   |  | <b>X</b>      |              |
| <b>(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</b>   |  | <b>X</b>      |              |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>   |  | <b>X</b>      |              |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                       |               |              |
| Last name: Kumar   | Telephone 1:   |               |              |
| First name: Gautam   | Telephone 2 (optional):  |               |              |
| Email:   | Fax (optional):  |               |              |
| Specimen signature:  | Date (dd/mm/yyyy):   |               |              |
| <b>Contact details (alternate authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>                       |               |              |
| Last name: Das   | Telephone 1:   |               |              |
| First name: Tanmay   | Telephone 2 (optional):  |               |              |
| Email:   | Fax (optional):  |               |              |
| Specimen signature:  | Date (dd/mm/yyyy):   |               |              |
| Is this entity changing its name?  | <b>No</b>  |               |              |
| Former entity name, if applicable:   |  |               |              |
| Is this entity also a project participant?   | <b>Yes</b>   |               |              |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   | <b>Yes</b>   |               |              |

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| <b>Name of entity:</b><br>Infinite Solutions   |  |                    |              |
| <b>Address:</b><br>611, Chetak Centre Main,<br>12/2, RNT Marg<br>452001 Indore<br>India  |  |                    |              |
| <b>This entity is nominated as a focal point with the authority to:</b>  | <b>Sole</b>  | <b>Shared</b>      | <b>Joint</b> |
| <b>(a) Communicate in relation to requests for forwarding of CER</b>   |  | <b>X</b>           |              |
| <b>(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</b> |  | <b>X</b>           |              |
| <b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>   |  | <b>X</b>           |              |
| <b>Contact details (primary authorized signatory):</b>   | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                    |              |
| Last name: Singhvi   | Telephone 1:   |                    |              |
| First name: Sumeet   | Telephone 2 (optional):  |                    |              |
| Email:   | Fax (optional):  |                    |              |
| Specimen signature:  |  | Date (dd/mm/yyyy): |              |
| Is this entity changing its name?  |  | <b>No</b>          |              |
| Former entity name, if applicable:   |  |                    |              |
| Is this entity also a project participant?   |  | <b>No</b>          |              |
| If the entity is also a project participant, do the same signatories represent it in its project participant role?   |  |                    |              |