



Modalities of Communication Statement (Version 03.0)

Date of submission:	21/05/2021												
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS													
Title of the project/programme of activities:	10 MW Solar Power Project by Krishna Wind Farm Developers Pvt. Ltd.												
Project/programme of activities reference number: <i>(if available)</i>	10634												
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES													
<p>Notes:</p> <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: M/s. Krishna Wind Farm. Developers Pvt. Ltd													
Address: B - 1402, 14th floor, Plot no. 211, Dalamal Tower, Free Press Journal Marg, Maharashtra 400021 Mumbai India													
This entity is nominated as a focal point with the authority to:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">Sole</td> <td style="width: 33.33%;">Shared</td> <td style="width: 33.33%;">Joint</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>	Sole	Shared	Joint		X			X			X	
Sole	Shared	Joint											
	X												
	X												
	X												
(a) Communicate in relation to requests for forwarding of CER													
(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													
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above													
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>												
Last name: Joshi	Telephone 1:												
First name: Harshad	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: Marghade	Telephone 1:												
First name: Dhawal	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: Infinite Environment Solutions LLP			
Address: 214, 215 Milinda Manor Opp. Next Treasure Island Mall, 2 RNT Marg, 452001 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 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: Sumeet	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: Sah	Telephone 1:		
First name: Jimmy	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?			