



## Modalities of Communication Form

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

|                           |            |
|---------------------------|------------|
| <b>Date of submission</b> | 06/07/2012 |
|---------------------------|------------|

### Section 1: Project Details

|   |  |
|---|--|
| <b>1. Title of the CDM project activity</b>           | Malagone SHP CDM Project, Minas Gerais, Brazil (JUN1122) |
| <b>2. Please state project ID Number if available</b> | 4676   |

### Section 2: Nomination of Focal Point

#### 3. Details of the entity/ies nominated as focal point

Notes:

- **Sole Focal Point authority** - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

**Name of the entity:**

Carbotrader Assessoria e Consultoria em Energia Ltda

| This entity is nominated as focal point for:  | Sole     | Shared | Joint |
|---|----------|--------|-------|
| <b>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</b>   | <b>X</b> |        |       |
| <b>(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.</b> | <b>X</b> |        |       |
| <b>(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</b>                                      | <b>X</b> |        |       |

|  |            |
|--|------------|
| <b>Contact details (primary authorized signatory):</b> | Mr.        |
| Last name: Clessie de Moraes                           | Telephone: |
| First name: Arthur Augusto                             | Fax:       |
| Email:   | Address:   |

Specimen signature:

|  |            |
|--|------------|
| <b>Contact details (alternate authorized signatory):</b> |            |
| Last name:   | Telephone: |
| First name:  | Fax:       |
| Email:   | Address:   |

Specimen signature: