

## **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		22/03/2012		
Section 1: Project Details				
1. Title of the CDM project activity	Queluz and Lavrinhas Renewable Energy Project			
2. Please state project ID Number if available	3316			
Section 2: Nomination of Focal Point				

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

## Notes:

- · <u>Sole Focal Point authority</u> 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.
- <u>Shared Focal Point authority</u> 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.
- · <u>Joint Focal Point authority</u> 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:

AMBIO Participações Ltda.

This entity is nominated as focal point for:		Sole	Shared	Joint
<ul> <li>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</li> <li>(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.</li> <li>(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</li> </ul>				X
				X
				X
Contact details (primary authorized signatory):	Mr.			
Last name: Duque	Telephone:			
First name: Marcelo	Fax:			
Email:	Address:			
Specimen signature:  Contact details (alternate authorized signatory):	Mr			
Contact details (alternate authorized signatory):	Mr. Telephone:			
	Mr. Telephone: Fax:			

Name of the entity: Usina Paulista Queluz de Energia S.A.				
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 or registration and/or issuance. Select this scope if the ent communication related to the project				X
Contact details (primary authorized signatory):	Mr.	'		
Last name: Marcondes Neto	Telephone:			
First name: Itamar	Fax:			
Email:	Address:			
Specimen signature:	,			
Contact details (alternate authorized signatory):	Mr.			
Last name: Meirelles	Telephone:			
First name: Joao	Fax:			
Email:	Address:			
Specimen signature:	11441400.			
Name of the entity: Usina Paulista Lavrinhas de Energia S.A			GI I	<b>.</b>
Usina Paulista Lavrinhas de Energia S.A  This entity is nominated as focal point for:		Sole	Shared	Joint
Usina Paulista Lavrinhas de Energia S.A	ate with the CDM EB on	Sole	Shared	Joint X
Usina Paulista Lavrinhas de Energia S.A  This entity is nominated as focal point for:  (a) Authority to instruct the secretariat and communic	pants and/or to communicate s of project participant	Sole	Shared	
Usina Paulista Lavrinhas de Energia S.A  This entity is nominated as focal point for:  (a) Authority to instruct the secretariat and communic allocation/forwarding of CERs  (b) Authority to request the addition of project participany voluntary withdrawal and to update contact detail	pants and/or to communicate s of project participant addresses etc. on matters related to	Sole	Shared	X
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