



Modalities of Communication Statement (Version 03.0)

Date of submission:	13/06/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Energía Renovable Tacuarembó 10 MW Biomass Power Generation		
Project/programme of activities reference number: <i>(if available)</i>	8570		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes:			
<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: Fenirol S.A.			
Address: Divina Comedia 1697 Of.201, Montevideo, 11500 Uruguay			
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: Secco Siqueira	Telephone 1:		
First name: Fernando	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: Strauch Aznarez	Telephone 1:		
First name: Elbio Luis	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: Carbosur S.R.L					
Address: Misiones 1372/304, Montevideo, 1100 Uruguay					
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					
(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				X	
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Martino		Telephone 1:			
First name: Daniel		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: Perez de Castillo		Telephone 1:			
First name: Alvaro		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?		No			