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	31/01/2012

Section 1: Project Details

1. Title of the CDM project activity	GHG emissions reductions from improved industrial wastewater treatment in Embaré – Lagoa da Prata, Minas Gerais, Brazil
2. Please state project ID Number if available	4212

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:
MundusCarbo Soluções Ambientais e Projetos de Carbono Ltda.

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 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		**X**	

Contact details (primary authorized signatory):	Mr.
Last name: Azevedo	Telephone:
First name: Breno Rates	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Mendes	Telephone:
First name: Joao Marcelo Horta	Fax:
Email:	Address:
Specimen signature:	

Name of the entity: Embaré Indústrias Alimentícias 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 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		**X**	

Contact details (primary authorized signatory):	Mr.
Last name: Antunes	Telephone:
First name: Alexandre Rosa	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Pinto	Telephone:
First name: Diomedes Alves	Fax:
Email:	Address:
Specimen signature:	