

Modalities of Communication Statement (Version 03.0)

3/2						
Date of submission:		05/12/2012				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Wind Power Plants Seabra, Novo Horizonte and Macaúbas CDM Project					
Project/programme of activities reference number: (if available)	6571					
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES						
Notes: • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authority - Shared Focal Point authority - An authorized signator communication related to the corresponding scope of authority - Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatory of communication related to the corresponding scope of authority - Authorized signatory of communication related to the corresponding scope of authority - Authorized signatory of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories - Authorized signator	ty. ry <u>ANY of the entities listed belo</u> ty. If <u>ALL entities listed below are re</u>	ow is requ	ired to sig			
Name of entity: Enerbio Consultoria Ltda ME						
Address: Germano Petersen Junior Street, 101/706. Porto Alegre. Rio Grande do Sul. 90540-140 Brazil						
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.⊠ Ms.□					
Last name: de Souza Leao	Telephone 1:					
First name: Eduardo Baltar	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: Seabra Energetica S.A.						
Address: Tenente Silveira Street, 94/9th Floor Schweidson Building. Florianopolis,Santa Catarina, 88010-300 Brazil						
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 a project participants and focal points, as well as chang status, contact details and specimen signatures	·			X
(c) Communicate on all other project or programme r (a) or (b) above	related matters not covered by			
Contact details (primary authorized signatory):	Mr. ⊠ Ms. □			<u> </u>
Last name: Zuch	Telephone 1:			
First name: Paulo Roberto	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: Novo Horizonte Energetica S.A.				
Address: Tenente Silveira Street, 94/9th Floor Schweidson Building. Florianopolis, Santa Catarina, 88010-300 Brazil				
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 a project participants and focal points, as well as chang status, contact details and specimen signatures(c) Communicate on all other project or programme relationships	es to company names, legal			X
(a) or (b) above	·			
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □			
Last name: Zuch	Telephone 1:			
First name: Paulo Roberto	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name?	No			
Former entity name, if applicable:	1			
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: Macaubas Energetica S.A.	'			
Address: Tenente Silveira Street, 94/9th Floor Schweidson Building. Florianopolis, Santa Catarina, 88010-300 Brazil				
This entity is nominated as a focal point with the auth	ority to:	Sole	Shared	Joint

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(a) Communicate in relation to requests for forwarding of CER		X
(b) Communicate in relation to requests for addition a project participants and focal points, as well as chang status, contact details and specimen signatures	X	
(c) Communicate on all other project or programme i (a) or (b) above	related matters not covered by	
Contact details (primary authorized signatory):	Mr. ⊠ Ms. □	
Last name: Zuch	Telephone 1:	
First name: Paulo Roberto	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	