

Modalities of Communication Form

This form is to be used by project participants in order to su	bmit the statement of Modalities	of Comm	unication.	
Date of submission		08/06/2012		
Section 1: P	roject Details			
1. Title of the CDM project activity	Avelino Bragagnolo - Wastewater Treatment using Aerobic System			
2. Please state project ID Number if available	2555			
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 author communication related to the corresponding scope of author • Shared Focal Point authority - A signature of an autrequired for communication related to the corresponding scope • Joint Focal Point authority - A signature of an author communication related to the corresponding scope of author	ity. horized signatory of <u>ANY of the</u> ope of authority. rized signatory of <u>ALL entities l</u>	entities li	sted below	<u>is</u>
Name of the entity: AMBIO Participações 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: Duque	Telephone:			
First name: Marcelo	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Mr.			
Last name: Kopp	Telephone:			
First name: Luis Filipe	Fax:			
Email:	Address:			
Specimen signature:				