

Modalities of Communication Statement (Version 03.0)

Date of submission:		06/11/2013					
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS							
Title of the project/programme of activities:	Caixa Econômica Federal Solid Waste Management and Carbon Finance Project						
Project/programme of activities reference number: (if available)	6573						
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES					
Notes: • Sole Focal Point authority - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.							
Name of entity: Caixa Econômica Federal							
Address: Setor Bancario Sul Quadra 4 lotes 3/4, - Edificio Matriz 1, 12 andar, Brasilia - DF,CEP 70,092-900 Brazil							
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint			
(a) Communicate in relation to requests for forwarding o	ommunicate 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: Ferreira Trinidade	Telephone 1:						
First name: Adailton	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature: Date (dd/mm/yyyy):							
Contact details (alternate authorized signatory):	Mr. ☐ Ms.⊠						
Last name: De Souza Seabra	Telephone 1:						
First name: Denise Maria Lara	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: International Bank for Reconstruction and Development activ	ng as the Trustee of the Carbon F	Partnershir	. Facility				

Address: The World Bank, 1818 H Street, NW, Washington DC 20433 United States of America					
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: Chassard	Telephone 1:				
First name: Joelle	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □				
Last name: Wang	Telephone 1:				
First name: Tao	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				