

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		26/04/2012					
Section 1: Project Details							
1. Title of the CDM project activity	Santa Lúcia II Small Hydro Plant						
2. Please state project ID Number if available	0663						
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. • 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. • Mame of the entity:							
Fortis Intertrust (Netherlands) B.V							
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: Van der Nap	Telephone:						
First name: Otger	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Veerman	Telephone:						
First name: Jaap	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: Maggi Energia 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							
(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: Rubert	Telephone:						
First name: Roberto	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature: Name of the entity: C-Trade Comercializadora de Carbono Ltda							
This entity is nominated as focal point for:		Sole	Shared	Joint			
(a) Authority to instruct the secretariat and communicat allocation/forwarding of CERs	e with the CDM EB on						
 (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: Furini	Telephone:						
First name: Gustavo Luis Ferri	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):							
Last name:	Telephone:						
First name:	Fax:						
Email:	Address:						
Specimen signature:							

Name of the entity: Lumina Engenharia e Consultoria Ltda.				
This entity is nominated as focal point for:		Sole	Shared	Joint
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	e with the CDM EB on			
(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: Weigert Ennes	Telephone:			
First name: Sergio Augusto	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:			
First name:	Fax:			
Email:	Address:			
Specimen signature:				
Name of the entity:				
Corporacion Andina de Fomento - CAF				
		Sole	Shared	Joint
Corporacion Andina de Fomento - CAF	e with the CDM EB on	Sole	Shared	Joint
Corporacion Andina de Fomento - CAF This entity is nominated as focal point for: (a) Authority to instruct the secretariat and communicated	nts and/or to communicate f project participant	Sole	Shared	Joint X
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