

Modalities of Communication Statement (Version 03.0)

Date of submission:		14/01/20	013			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Ibirama Small Hydropower Plant – a Brennand CDM Project Activity.					
Project/programme of activities reference number: (if available)	6208					
SECTION 2: NOMINATION O	SECTION 2: NOMINATION OF 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: Ibirama Energetica S.A.						
Address: Av. Engenheiro Domingo Ferreira, n 2589, 8 andar, Empresarial Alexandre de Castro e Silva, 51050-031 Recife 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 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: Siqueira	Telephone 1:					
First name: Mozart	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature: Date (dd/mm/yyyy):						
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □					
Last name: Rego	Telephone 1:					
First name: Ricardo	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?	No					

Name of entity:						
Ecopart Assessoria em Negocios Empresariais Ltda.						
Address: Rua Padre Joao Manuel, 222						
01411-000 Sao Paulo						
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: Hirschheimer	Telephone 1:					
First name: Melissa	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature: Date (dd/mm/yyyy):						
Contact details (alternate authorized signatory):	Mr. ☑ Ms. □					
Last name: Mazaferro	Telephone 1:					
First name: Marco	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					