

## Modalities of Communication Statement (Version 03.0)

Date of submission:		21/11/2018			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Projeto de Gás de Aterro TECIPAR – PROGAT				
Project/programme of activities reference number: (if available)	7799				
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: BIOPAR Soluções Ambientais Ltda.					
Address: Alameda Madeira,222- 11th andar, cj 112 Alphaville Industrial 06454-010 Barueri 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					
(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. □	ļ			
Last name: Vettori	Telephone 1:				
First name: Fabio	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: First Climate (Switzerland) AG					
Address: Brandschenkestrasse 51 8002 Zurich Switzerland					
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	

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(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				
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				
Contact details (primary authorized signatory):	Mr. ⊠ Ms. □			
Last name: Brennwald	Telephone 1:			
First name: Michael	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature: Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ⊠ Ms. □			
Last name: Brodmann	Telephone 1:			
First name: Urs	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			