



Modalities of Communication Statement (Version 03.0)

Date of submission:		01/07/2013	
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:		Criúva and Palanquinho Small Hydropower Plants Project Activity	
Project/programme of activities reference number: <i>(if available)</i>		6464	
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes: · <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.			
Name of entity: Serrana Energética S/A			
Address: Av. Carlos Gomes, 75 90480-003 Porto Alegre - RS Brazil			
This entity is nominated as a focal point with the authority to:		Sole	Shared
(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: Di Domenico		Telephone 1:	
First name: Alessandro		Telephone 2 (optional):	
Email:		Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐	
Last name: Bratkowsky		Telephone 1:	
First name: Giancarlo		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: Criúva Energética S/A			
Address: Av. Carlos Gomes, 75 90480-003 Porto Alegre - RS 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: Di Domenico	Telephone 1:		
First name: Alessandro	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Bratkowsky	Telephone 1:		
First name: Giancarlo	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: Ecopart Assessoria em Negócios Empresariais Ltda.			
Address: Rua Padre Joao Manuel, 222 01411-000 Sao Paulo - SP 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	