



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	17/07/2009
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Section 1: Project Details

1. Title of the CDM project activity	Fosfertil Piaçaguera NAP 2 Nitrous Oxide Abatement Project
2. Please state project ID Number if available	1784

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.

Name of the entity:

Ultrafertil 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			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: SANTOS	Telephone:
First name: RICARDO	Fax:
Email:	Address:

Specimen signature:

Contact details (alternate authorized signatory):	
Last name:	Telephone:
First name:	Fax:
Email:	Address:

Specimen signature:

Name of the entity: Ecoinvest Carbon 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			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: Evans	Telephone:		
First name: Alfred	Fax:		
Email:	Address:		
Specimen signature:			
Contact details (alternate authorized signatory):			
Last name:	Telephone:		
First name:	Fax:		
Email:	Address:		
Specimen signature:			