Modalities of Communication Statement
(Version 03.0)

Date of submission:	30/11/2016

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	BRASCARBON Methane Recovery Project BCA-BRA-07, Brazil
Project/programme of activities reference number: *(if available)*	3456

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:
Brascarbon Consultoria, Projetos e Representação Ltda.

Address:
Rua Gentil Leite Martins, 395, 04648-001 São Paulo, Brazil
04648-001 São 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: Pacifico da Silva	Telephone 1:
First name: Mario	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**