



## Modalities of Communication Statement (Version 03.0)

Date of submission:		26/07/2023		
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>				
Title of the project/programme of activities:	Electric Power Generation from Renewable Sources – Barra da Paciência, Ninho da Águia, Corrente Grande, Paiol, São Gonçalo and Várzea Alegre Small Hydropower Plants			
Project/programme of activities reference number: (if available)	3897			
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>				
<p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>				
<b>Name of entity:</b> CPFL Energias Renováveis S.A.				
<b>Address:</b> Jorge Figueiredo Correa Street, 1632 13087397 Campinas/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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Zajd		Telephone 1:		
First name: Lucas		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Nardez Sirol		Telephone 1:		
First name: Rodolfo		Telephone 2 (optional):		
Email:		Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):		
Is this entity changing its name?		Yes		
Former entity name, if applicable: ERSA Energias Renováveis S.A.				
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		