

## Modalities of Communication Statement (Version 03.0)

Date of submission:		06/07/2022				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES						
Title of the project/programme of activities:  Corredor dos Senandes CDM Project						
Project/programme of activities reference number:	9375	Toject				
(if available)	7313					
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES				
Notes:	CONT. V. d	•	14			
<ul> <li>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.</li> <li>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.</li> <li>Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for</li> </ul>						
communication related to the corresponding scope of authori						
Name of entity: Comercial Carbono S.A.						
Address: 1629 Gomes de Carvalho Street, Vila Olimpia. 110378 São 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						
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above						
Contact details (primary authorized signatory):	Mr. ☑ Ms. □	ļ				
Last name: Wachsmann	Telephone 1:					
First name: George	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □					
Last name: Rahal	Telephone 1:					
First name: Nemer	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: Ecofinance Negócios Eireli - EPP						

Address: 361 Lageado Avenue 701 90460110 Porto Alegre 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: Leão	Telephone 1:			
First name: Eduardo	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: ADS ER Eólica Corredor dos Senandes 2 S.A				
Address: Engenheira Lucia Maria Balbela Chiesa Avenue S/N 962176-80 Rio Grande Brazil				
This entity is nominated as a focal point with the autho	rity to:	Sole		
(a) Communicate in relation to requests for forwarding of CER			Shared	Joint
(b) Communicate in valetion to mornests for addition or	g of CER		Shared	Joint X
project participants and focal points, as well as change status, contact details and specimen signatures	nd/or voluntary withdrawal of s to company names, legal		Shared	
project participants and focal points, as well as change	nd/or voluntary withdrawal of s to company names, legal lated matters not covered by		Shared	X
project participants and focal points, as well as change status, contact details and specimen signatures  (c) Communicate on all other project or programme re (a) or (b) above  Contact details (primary authorized signatory):	nd/or voluntary withdrawal of s to company names, legal		Shared	X
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project participants and focal points, as well as change status, contact details and specimen signatures  (c) Communicate on all other project or programme re (a) or (b) above  Contact details (primary authorized signatory):  Last name: Tavares	nd/or voluntary withdrawal of s to company names, legal  lated matters not covered by  Mr. ☑ Ms. □  Telephone 1:		Shared	X
project participants and focal points, as well as change status, contact details and specimen signatures  (c) Communicate on all other project or programme re (a) or (b) above  Contact details (primary authorized signatory):  Last name: Tavares  First name: Thiago	nd/or voluntary withdrawal of s to company names, legal  lated matters not covered by  Mr. ☑ Ms. ☐  Telephone 1:  Telephone 2 (optional):		Shared	X
project participants and focal points, as well as changes status, contact details and specimen signatures  (c) Communicate on all other project or programme re (a) or (b) above  Contact details (primary authorized signatory):  Last name: Tavares  First name: Thiago  Email:	Ind/or voluntary withdrawal of s to company names, legal  Illated matters not covered by  Mr. ☑ Ms. ☐  Telephone 1:  Telephone 2 (optional):  Fax (optional):		Shared	X
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This entity is nominated as a focal point with the auth	ority to:	Sole	Shared	Join
(a) Communicate in relation to requests for forwarding	ng 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 r (a) or (b) above	related matters not covered by			
Contact details (primary authorized signatory):	Mr. ☑ Ms. □			
Last name: Tavares	Telephone 1:			
First name: Thiago	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	Yes			
Name of entity:  ADS ER Eólica Corredor dos Senandes IV S A				
Name of entity: ADS ER Eólica Corredor dos Senandes IV S.A  Address: Engenheira Lucia Maria Balbela Chiesa Avenue S/N 962176-80 Rio Grande	ority to:	Sole	Shared	Joint
Name of entity: ADS ER Eólica Corredor dos Senandes IV S.A  Address: Engenheira Lucia Maria Balbela Chiesa Avenue S/N 962176-80 Rio Grande Brazil		Sole	Shared	Joint X
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(a) Communicate in relation to requests for forwarding of CER				X
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Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Is this entity changing its name?	No			
Former entity name, if applicable:	<u>'</u>			
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			