

Modalities of Communication Statement (Version 03.0)

Date of submission:		06/07/2022				
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS						
Title of the project/programme of activities:	Corredor dos Senandes CDM I	Project				
Project/programme of activities reference number: (if available)	9375					
SECTION 2: NOMINATION O	F FOCAL POINT ENTITY	/IES				
Notes: • Sole Focal Point authority - An authorized signatory communication related to the corresponding scope of author • Shared Focal Point authority - An authorized signator communication related to the corresponding scope of author • Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authority. Name of entity:	ity. ory <u>ANY of the entities listed belo</u> ity. of <u>ALL entities listed below are r</u>	ow is requ	<u>ired</u> to sig			
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 authori	ty 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. □	<u> </u>				
Last name: Wachsmann	Telephone 1:					
First name: George	Telephone 2 (optional):					
Email:	Fax (optional):					
pecimen 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 author	ity to:	Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER				X
(b) Communicate in relation to requests for addition an project participants and focal points, as well as changes status, contact details and specimen signatures	· ·			
(c) Communicate on all other project or programme rel (a) or (b) above				X
Contact details (primary authorized signatory):	ated matters not covered by			X
Contact details (primary authorized signatory).	Mr. ☑ Ms.□			X
Last name: Tavares				X
V V	Mr.⊠ Ms.□			X
Last name: Tavares	Mr. ☑ Ms. ☐ Telephone 1:			X
Last name: Tavares First name: Thiago	Mr. ☑ Ms. ☐ Telephone 1: Telephone 2 (optional):			X
Last name: Tavares First name: Thiago Email:	Mr. ⋈ Ms. ☐ Telephone 1: Telephone 2 (optional): Fax (optional):			X
Last name: Tavares First name: Thiago Email: Specimen signature:	Mr. ☑ Ms. ☐ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):			X
Last name: Tavares First name: Thiago Email: Specimen signature: Is this entity changing its name?	Mr. ☑ Ms. ☐ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy):			X
Last name: Tavares First name: Thiago Email: Specimen signature: Is this entity changing its name? Former entity name, if applicable:	Mr. Ms. ☐ Telephone 1: Telephone 2 (optional): Fax (optional): Date (dd/mm/yyyy): No			X

This entity is nominated as a focal point with the authority to:		Sole	Shared	Join
(a) Communicate in relation to requests for forwarding of CER (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
				X
(c) Communicate on all other project or programme r (a) or (b) above	elated 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 signatories represent it in its project participant role?	Yes			
Name of entity:				
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
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