

Modalities of Communication Form

This form is to be used by project participants in order to sub	omit the statement of Modalities	of Commu	nication.		
Date of submission		04/04/20)11		
Section 1: Project Details					
1. Title of the CDM project activity	GEEA-SBS Biomass Treatment Project in Alegrete, Rio Grande do Sul, Brazil				
2. Please state project ID Number if available	1092				
Section 2: Nomina	tion of Focal Point				
3. Details of the entity/ies nominated as focal point					
Notes: • Sole Focal Point authority - A signature of an authorize communication related to the corresponding scope of authority - Shared Focal Point authority - A signature of an authorized for communication related to the corresponding scope - Joint Focal Point authority - A signature of an author communication related to the corresponding scope of authorized related related to the corresponding scope of authorized related	ty. orized signatory of <u>ANY of the operators</u> pe of authority. ized signatory of <u>ALL entities li</u>	entities lis	ted below:	<u>is</u>	
Name of the entity: Geradora de Energia Elétrica Alegrete Ltda.					
This entity is nominated as focal point for:		Sole	Shared	Joint	
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	with the CDM EB on			X	
(b) Authority to request the addition of project participar any voluntary withdrawal and to update contact details o (includes changes in company's name and legal status, ad	f project participant				
(c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project					
Contact details (primary authorized signatory):	Mr.				
Last name: Pilecco	Telephone:				
First name: Onélio	Fax:				
Email:	Address:				
Specimen signature:					
Contact details (alternate authorized signatory):	Ms.				
Last name: Sonego	Telephone:				
First name: Rosane	Fax:				
Email:	Address:				
Specimen signature:					

Name of the entity: Sílica Brasil Sul Ltda.				
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 (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 or registration and/or issuance. Select this scope if the ent communication related to the project				
Contact details (primary authorized signatory):	Ms.	'		
Last name: Sonego	Telephone:			
First name: Rosane	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):				
Last name:	Telephone:	Telephone:		
First name:	Fax:	ax:		
Email:	Address:			
Name of the entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.				
Name of the entity: Mitsubishi UFJ Morgan Stanley Securities Co., Ltd. This entity is nominated as focal point for:		Sole	Shared	Joint
Mitsubishi UFJ Morgan Stanley Securities Co., Ltd.	ate with the CDM EB on	Sole	Shared	Joint X
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