

Modalities of Communication Statement (Version 03.0)

Date of submission:		07/11/2013		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS				
Title of the project/programme of activities:	AWMS Composting Project			
Project/programme of activities reference number: (if available)	7760			
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: Ambio Participações Ltda.				
Address: Av. Princesa Isabel, 323/1113 Copacabana, Rio de Janeiro/ RJ 22011-010 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: Kopp	Telephone 1:			
First name: Luis Filipe	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			