

Modalities of Communication Statement (Version 03.0)

Date of submission:		27/04/2017			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Queiroz Galvão Energias Reno Programme	s Renováveis Wind Power			
Project/programme of activities reference number: <i>(if available)</i>	10337				
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: EOLOS ENERGIAS RENOVAVEIS S.A.					
Address: Av. Dom Luis 807 - 5° andar do Anexo Aldeota 60.160-230 Fortaleza/CE 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.	1			
Last name: Santos	Telephone 1:	phone 1:			
First name: Luiz Antonio	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				