



Modalities of Communication Statement (Version 03.0)

Date of submission:	18/12/2023		
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS			
Title of the project/programme of activities:	Electricity generation from renewable sources – Windfarm Campo dos Ventos II		
Project/programme of activities reference number: <i>(if available)</i>	7802		
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES			
Notes:			
<ul style="list-style-type: none"> · Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. · Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. · Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. 			
Name of entity: Campo dos Ventos II Energias Renovaveis Ltda.			
Address: Jorge de Figueiredo Correa Street, 1632 13087-397 Campinas - 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		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. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Zajd	Telephone 1:		
First name: Lucas	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Nardez Sirol	Telephone 1:		
First name: Rodolfo	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	Yes		
Former entity name, if applicable: Campo dos Ventos II Energias Renovaveis S.A.			
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: WayCarbon Soluções Ambientais e Projetos de Carbono S.A.					
Address: Paraíba Street, 1000, 7th floor 30130141 Belo Horizonte - MG 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					
(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					
Contact details (primary authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Almeida Pereira		Telephone 1:			
First name: Henrique		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Is this entity changing its name?		Yes			
Former entity name, if applicable: WayCarbon Soluções Ambientais e Projetos de Carbono Ltda.					
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			