Modalities of Communication Statement (Version 03.0)

Date of submission:	16/07/2013

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS

Title of the project/programme of activities:	Electricity generation from renewable sources (wind) - Windfarm Morro dos Ventos phase 2
Project/programme of activities reference number: *(if available)*	8253

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:
DESA Eurus I S.A.

Address:
Al. Dr. Carlos de Carvalho, 603 - 5th floor
CEP 80430-180 Curitiba - PR.
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: Barros	Telephone 1:
First name: Antonio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Brandao	Telephone 1:
First name: Carlos	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: DESA Eurus III S.A.			
Address: Al. Dr. Carlos de Carvalho, 603 - 5th floor CEP 80430-180 Curitiba - PR. 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: Barros	Telephone 1:		
First name: Antonio	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐		
Last name: Brandao	Telephone 1:		
First name: Carlos	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: Electrabel NV/SA			
Address: Boulevard du Régent 8 1000 Brussels Belgium			
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: Nore	Telephone 1:		
First name: Nicolas	Telephone 2 (optional):		
Email:	Fax (optional):		

Specimen signature:	Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):	Mr. ☒ Ms. ☐
Last name: Verbeke	Telephone 1:
First name: Vincent	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**