

CDM-MOC-FORM: ANNEX 1

This annex is required at the 'request for registration' stage only and is submitted by the validating DOE together with CDM-MOC-FORM ("Modalities of communication statement").

SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS	
Title of the project / programme of activities	Braço Norte IV Small Hydro Plant
Project / programme of activities reference number: (if available)	0668
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Novo Mundo Energética S.A.,	
Address: Est. Francisco Paes de Barros sn, Cuiabá Mato Grosso 78.040-570 Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Borges de Campos	Telephone 1:
First name: Rodolfo Aurelio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: C-Trade Comercializadora de Carbono Ltda	
Address: Av. Rio Branco, 1 - 9o Andar, Bloco B, Rio de Janeiro 20090-003 Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Weigert Ennes	Telephone 1:
First name: Sergio Augusto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: Lumina Engenharia e Consultoria Ltda.	
Address: Rua Bela Cintra 746-cj. 102, Sao Paulo 01415-000 Brazil	
Party (country authorizing participation): Brazil	
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Badaro Galvao	Telephone 1:
First name: Clovis	Telephone 2 (optional):

Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EcoSecurities Capital Ltd.		
Address: 40 Dawson Street, Dublin 2 Ireland		
Party (country authorizing participation): Netherlands		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Moura Costa	Telephone 1:	
First name: Pedro	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EcoSecurities Capital Ltd.		
Address: 40 Dawson Street, Dublin 2 Ireland		
Party (country authorizing participation): Switzerland		
End-date of participation:	<input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy	
Contact details (primary authorized signatory):	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>	
Last name: Moura Costa	Telephone 1:	
First name: Pedro	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:		Date (dd/mm/yyyy):