

## 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                                |  |
|---|--|
| <b>Title of the project / programme of activities</b>                                 | Carhuaquero IV Hydroelectric Power Plant   |
| <b>Project / programme of activities reference number:</b><br>(if available)          | 1424   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                     |  |
| <b>Name of entity:</b><br>Duke Energy Egenor S. en C. por A.                          |  |
| <b>Address:</b><br>Av. Pardo y Aliga 699 - 4to. Piso<br>San Isidro<br>27 Lima<br>Peru |  |
| <b>Party (country authorizing participation):</b><br>Peru                             |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: Fossati  | Telephone 1:   |
| First name: Carlos  | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Asin Carbono S.L.   |  |
| <b>Address:</b><br>D. Jaime I, 19 E-Izqda<br>50003 Zaragoza<br>Spain                  |  |
| <b>Party (country authorizing participation):</b><br>Spain                            |  |
| <b>End-date of participation:</b>   | <input checked="" type="checkbox"/> N/A (participation is not limited in time) <input type="checkbox"/> dd/mm/yyyy |
| <b>Contact details (primary authorized signatory):</b>                                | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |
| Last name: F. Asin  | Telephone 1:   |
| First name: Francisco   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |