

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 III Small Hydro Plant
Project / programme of activities reference number: <i>(if available)</i>	0667
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
Name of entity: Guaranta Energetica Ltda.	
Address: Est. Francisco Paes de Barros s.n. Mato Grosso 78.040-570 Cuiaba 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: Martins Oliveira	Telephone 1:
First name: Armando	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 20090-003 Rio de Janeiro 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 01415-00 Sao Paulo 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 2 Dublin 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):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lyttle		Telephone 1:
First name: Tony		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: EcoSecurities Capital Ltd.		
Address: 40 Dawson Street 2 Dublin 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):
Contact details (alternate authorized signatory):		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>
Last name: Lyttle		Telephone 1:
First name: Tony		Telephone 2 (optional):
Email:		Fax (optional):

Specimen signature:

Date (dd/mm/yyyy):