**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** | Omega Wind Power Plants Programme of Activities |
| **Project / programme of activities reference number:** *(if available)* | 7156 |

| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES | |
|---|---|

**Name of entity:**
Omega Energia Renovável S.A.

**Address:**
Av. Sao Gabriel, 477, 3nd andar, Itaim Bibi 01435-001 Sao Paulo-SP
Brazil

**Party (country authorizing participation):**
Brazil

| **End-date of participation:** | ☒ N/A (participation is not limited in time)   ☐ dd/mm/yyyy |
|---|---|
| **Contact details (primary authorized signatory):** | Mr.☒  Ms.☐ |
| Last name: Cunha | Telephone 1: |
| First name: Joao | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr.☒  Ms.☐ |
| Last name: de Proenca Filho | Telephone 1: |
| First name: Ademar | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |

**Name of entity:**
Ecopart Assessoria em Negócios Empresariais Ltda.

**Address:**
Rua Padre Joao Manuel, 222, Sao Paulo SP 01411000
Brazil

**Party (country authorizing participation):**
Brazil

| **End-date of participation:** | ☒ N/A (participation is not limited in time)   ☐ dd/mm/yyyy |
|---|---|
| **Contact details (primary authorized signatory):** | Mr.☐  Ms.☒ |
| Last name: Hirschheimer | Telephone 1: |
| First name: Melissa | Telephone 2 (optional): |
| Email: | Fax (optional): |
| Specimen signature: | Date (dd/mm/yyyy): |
| **Contact details (alternate authorized signatory):** | Mr.☒  Ms.☐ |
| Last name: Mazaferro | Telephone 1: |
| First name: Marco | Telephone 2 (optional): |
| Email: | Fax (optional): |

| Specimen signature: | Date (dd/mm/yyyy): |
|---|---|
| | |