

## 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   |  |
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| <b>Title of the project / programme of activities</b>  | La Fe Wind Farm Project  |
| <b>Project / programme of activities reference number:</b><br><i>(if available)</i>  | 8221   |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES  |  |
| <b>Name of entity:</b><br>Blue Power & Energy S.A.   |  |
| <b>Address:</b><br>Estatua de Montoya 2c, Abajo 20 vrs. Al Lago, Managua,<br>Nicaragua   |  |
| <b>Party (country authorizing participation):</b><br>Nicaragua   |  |
| <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: Solorzano   | Telephone 1:   |
| First name: Gabriel  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   |  |
| Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>   |  |
| Last name: Cuadra Lacayo   | Telephone 1:   |
| First name: Joaquin  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>Deutsche Bank AG London Branch   |  |
| <b>Address:</b><br>Global Commodities, 1 Great Winchester Street,<br>EC2N 2DB London<br>United Kingdom of Great Britain and Northern Ireland |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland                                    |  |
| <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: Orlando   | Telephone 1:   |
| First name: Brett  | Telephone 2 (optional):  |
| Email:   | Fax (optional):  |
| Specimen signature:  | Date (dd/mm/yyyy):   |
| <b>Contact details (alternate authorized signatory):</b>   |  |
| Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/>   |  |
| Last name: Lopez Alvarez   | Telephone 1:   |
| First name: Milena   | Telephone 2 (optional):  |

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|---|--|
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |
| <b>Name of entity:</b><br>German ProfEC GmbH  |  |
| <b>Address:</b><br>Suedring 13,<br>26125 Oldenburg<br>Germany   |  |
| <b>Party (country authorizing participation):</b><br>United Kingdom of Great Britain and Northern Ireland |  |
| <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: Jansen   | Telephone 1:   |
| First name: Andreas   | Telephone 2 (optional):  |
| Email:  | Fax (optional):  |
| Specimen signature:   | Date (dd/mm/yyyy):   |