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	La Fe Wind Farm Project
Project / programme of activities reference number: *(if available)*	8221

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Blue Power & Energy S.A.		
Address: Estatua de Montoya 2c, Abajo 20 vrs. Al Lago, Managua, Nicaragua		
Party (country authorizing participation): Nicaragua		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Solorzano		Telephone 1:
First name: Gabriel		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☒ Ms. ☐
Last name: Cuadra Lacayo		Telephone 1:
First name: Joaquin		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Deutsche Bank AG London Branch		
Address: Global Commodities, 1 Great Winchester Street, EC2N 2DB London United Kingdom of Great Britain and Northern Ireland		
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Orlando		Telephone 1:
First name: Brett		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Contact details (alternate authorized signatory):		Mr. ☐ Ms. ☒
Last name: Lopez Alvarez		Telephone 1:
First name: Milena		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: German ProfEC GmbH	
Address: Suedring 13, 26125 Oldenburg Germany	
Party (country authorizing participation): United Kingdom of Great Britain and Northern Ireland	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Jansen	Telephone 1:
First name: Andreas	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):