## **CDM-MOC-FORM Form: ANNEX 1**

| Date of submission  |                           | 14/03/2012 |
|---|---------------------------|------------|
| Section 1: Project Details                                      |                           |            |
| 1. Title of the CDM project activity                            | Totoral Wind Farm Project |            |
| 2. Please state project ID Number if available                  | 3252                      |            |
| Section 2: List of project participants                         |                           |            |
| Name of the entity: Norvind S.A                                 |                           |            |
| Party (country that authorised participation): Chile            |                           |            |
| Contact details (primary authorised signatory):                 | Mr.                       |            |
| Last name:<br>Marchese  | Telephone:                |            |
| First name:<br>Mario  | Fax:                      |            |
| Email:  | Address:                  |            |
| Specimen signature:   |                           |            |
| Contact details (alternate authorised signatory):               | Mr.                       |            |
| Last name:<br>Huseby  | Telephone:                |            |
| First name:<br>Nils M.  | Fax:                      |            |
| Email:  | Address:                  |            |
| Specimen signature:   |                           |            |
| Name of the entity: SN Power Chile Inversiones Eléctricas Ltda. |                           |            |
| Party (country that authorised participation): Chile            |                           |            |
| Contact details (primary authorised signatory):                 | Mr.                       |            |
| Last name:<br>Huseby  | Telephone:                |            |
| First name:<br>Nils M.  | Fax:                      |            |
| Email:  | Address:                  |            |
| Specimen signature:   |                           |            |
| Contact details (alternate authorised signatory):               | Mr.                       |            |
| Last name:<br>Marchese  | Telephone:                |            |
| First name:<br>Mario  | Fax:                      |            |
| Email:  | Address:                  |            |
| Specimen signature:   |                           |            |