

## 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                                                      |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>Title of the project / programme of activities</b>                                                       | Fuerza y Energía Bii Hioxo Wind Farm                                                                               |
| <b>Project / programme of activities reference number:</b><br>(if available)                                | 7346                                                                                                               |
| SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES                                                           |                                                                                                                    |
| <b>Name of entity:</b><br>Fuerza y Energía Bii Hioxo, S.A. de C.V.                                          |                                                                                                                    |
| <b>Address:</b><br>Jaime Balmes No. 8 Piso 7, Colonia Los Morales, Polanco,<br>11510 Mexico, D.F.<br>Mexico |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Mexico                                                 |                                                                                                                    |
| <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: Larraga Palacios                                                                                 | Telephone 1:                                                                                                       |
| First name: Angel                                                                                           | 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: Moreno Llorente                                                                                  | Telephone 1:                                                                                                       |
| First name: Jesus                                                                                           | Telephone 2 (optional):                                                                                            |
| Email:                                                                                                      | Fax (optional):                                                                                                    |
| Specimen signature:                                                                                         | Date (dd/mm/yyyy):                                                                                                 |
| <b>Name of entity:</b><br>Gas Natural SDG, S.A.                                                             |                                                                                                                    |
| <b>Address:</b><br>Avda. San Luis 77,<br>28033 Madrid<br>Spain                                              |                                                                                                                    |
| <b>Party (country authorizing participation):</b><br>Spain                                                  |                                                                                                                    |
| <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: Auffray Garcia                                                                                   | Telephone 1:                                                                                                       |
| First name: Jose Enrique                                                                                    | 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: Mateos Bermejo                                                                                   | Telephone 1:                                                                                                       |
| First name: Elena                                                                                           | Telephone 2 (optional):                                                                                            |

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