

## 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>	Braço Norte IV Small Hydro Plant
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	0668
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Novo Mundo Energética S.A.,	
<b>Address:</b> Est. Francisco Paes de Barros sn, Cuiabá Mato Grosso 78.040-570 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<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: Borges de Campos	Telephone 1:
First name: Rodolfo Aurelio	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> C-Trade Comercializadora de Carbono Ltda	
<b>Address:</b> Av. Rio Branco, 1 - 9o Andar, Bloco B, Rio de Janeiro 20090-003 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<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: Weigert Ennes	Telephone 1:
First name: Sergio Augusto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Lumina Engenharia e Consultoria Ltda.	
<b>Address:</b> Rua Bela Cintra 746-cj. 102, Sao Paulo 01415-000 Brazil	
<b>Party (country authorizing participation):</b> Brazil	
<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: Badaro Galvao	Telephone 1:
First name: Clovis	Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> EcoSecurities Capital Ltd.	
<b>Address:</b> 40 Dawson Street, Dublin 2 Ireland	
<b>Party (country authorizing participation):</b> Netherlands	
<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: Moura Costa	Telephone 1:
First name: Pedro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> EcoSecurities Capital Ltd.	
<b>Address:</b> 40 Dawson Street, Dublin 2 Ireland	
<b>Party (country authorizing participation):</b> Switzerland	
<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: Moura Costa	Telephone 1:
First name: Pedro	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):