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	Wind Power Plants Seabra, Novo Horizonte and Macaúbas CDM Project
Project / programme of activities reference number: *(if available)*	6571

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Enerbio Consultoria Ltda. - ME		
Address: Germano Petersen Junior Street, 101/706. Porto Alegre. Rio Grande do Sul. 90540-140 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: de Souza Leao		Telephone 1:
First name: Eduardo Baltar		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Seabra Energetica S.A.		
Address: Tenente Silveira Street, 94/9th Floor.- Schweidson Building. Florianopolis, Santa Catarina, 88010-300 Brazil		
Party (country authorizing participation): Brazil		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Zuch		Telephone 1:
First name: Paulo Roberto		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Novo Horizonte Energetica S.A.		
Address: Tenente Silveira Street, 94/9th Floor.- Schweidson Building. Florianopolis, Santa Catarina, 88010-300 Brazil		
Party (country authorizing participation): Brazil		

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Zuch	Telephone 1:
First name: Paulo Roberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):

Name of entity:
Macaubas Energetica S.A.

Address:
Tenente Silveira Street, 94/9th Floor.-
Schweidson Building. Florianopolis, Santa Catarina,
88010-300
Brazil

Party (country authorizing participation):
Brazil

End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Zuch	Telephone 1:
First name: Paulo Roberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):