

## 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>	Wind Power Plants Seabra, Novo Horizonte and Macaúbas CDM Project
<b>Project / programme of activities reference number:</b> <i>(if available)</i>	6571
SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES	
<b>Name of entity:</b> Enerbio Consultoria Ltda. - ME	
<b>Address:</b> Germano Petersen Junior Street, 101/706. Porto Alegre. Rio Grande do Sul. 90540-140 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: de Souza Leao	Telephone 1:
First name: Eduardo Baltar	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Seabra Energetica S.A.	
<b>Address:</b> Tenente Silveira Street, 94/9th Floor.- Schweidson Building. Florianopolis, Santa Catarina, 88010-300 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: Zuch	Telephone 1:
First name: Paulo Roberto	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
<b>Name of entity:</b> Novo Horizonte Energetica S.A.	
<b>Address:</b> Tenente Silveira Street, 94/9th Floor.- Schweidson Building. Florianopolis, Santa Catarina, 88010-300 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: Zuch	Telephone 1:	
First name: Paulo Roberto	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
<b>Name of entity:</b> Macaubas Energetica S.A.		
<b>Address:</b> Tenente Silveira Street, 94/9th Floor.- Schweidson Building. Florianopolis, Santa Catarina, 88010-300 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: Zuch	Telephone 1:	
First name: Paulo Roberto	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	