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	Southeast Caeté Mills Bagasse Cogeneration Project (SECMBCP)
Project / programme of activities reference number: *(if available)*	0206

SECTION 2: LIST OF PROJECT PARTICIPANT ENTITY/IES		
Name of entity: Usina Caeté S/A		
Address: Av. Juscelino Kubitscheck 1726, cj.191/192, Itaim Bibi, Sao Paulo SP 04543-000 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: Mendes Klumb		Telephone 1:
First name: Alberto Carlos		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda		
Address: Av. Angelica, 2530, cj. c111, Consolacao, Sao Paulo, SP 01228-200 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: Diniz Junqueira		Telephone 1:
First name: Marcelo Schunn		Telephone 2 (optional):
Email:		Fax (optional):
Specimen signature:		Date (dd/mm/yyyy):
Name of entity: Econergy Brasil Ltda		
Address: Av. Angelica, 2530, cj. c111, Consolacao, Sao Paulo, SP 01228-200 Brazil		
Party (country authorizing participation): Switzerland		
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy	
Contact details (primary authorized signatory):		Mr. ☒ Ms. ☐
Last name: Diniz Junqueira		Telephone 1:
First name: Marcelo Schunn		Telephone 2 (optional):

Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):
Name of entity: The Chugoku Electric Power Co., Inc.	
Address: 4-33, Komachi, Naka-ku, Hiroshima 730-8701 Japan	
Party (country authorizing participation): Japan	
End-date of participation:	☒ N/A (participation is not limited in time) ☐ dd/mm/yyyy
Contact details (primary authorized signatory):	Mr. ☒ Ms. ☐
Last name: Ikeda	Telephone 1:
First name: Koji	Telephone 2 (optional):
Email:	Fax (optional):
Specimen signature:	Date (dd/mm/yyyy):